Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000171396 3)))



H150001713963ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I2000000019

: (305)552-5973

Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN 8 SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

IN 15 JUIS

Electronic Filing Menu

Corporate Filing Menu

Help

;305-262-2282

2/ 5

H15000171396

Articles of Amondment Articles of Incorporation of 8 SERVICES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P03000079249 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 2500 NW 79th AVENUE B. Enter new principal office address, if applicable; (Principal office address MUST BE A STREET ADDRESS) # 259 DORAL, FLORIDA 33122 C. Enter new mailing address, if applicable: 2500 NW 79th AVENUE (Mailing address MAY BE A POST OFFICE BOX) # 259 DORAL, FLORIDA 33122 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) . Florida New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, If changing

Rémove

H39550-020171398

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Please note the officer/director title by the first letter of the office title: P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD, Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones. V as Remove, and Sally Smith, SV as an Add. Example: PI X Change John Doe X Remove Y Mike Jones X Add <u>5Y</u> Sally Smith <u>Address</u> Type of Action Title Name (Check One) N/A 1) ____ Change __ Add _ Remove 2) ____ Change Add _ Remove 3) ____ Change Add Remove 4) ____ Change Add __ Remove 5) ____ Change _ Add Remove 6) Change Add

;305-262-2282 H 1 5 0 0 0 1 7 13 9 6

	adding additional Ar al sheets, if necessary)	. (Be specific)				
/A	-					
		·			··· <u>·</u>	
				•		
			··· -		· · · · · · · · · · · · · · · · · · ·	
•				······		
				•		
						-
		•				
						· · · · · ·
						
\ \\						
				•		
	*			-		-
						•••
•						
_		•				
						
						,
					,	
<u>lf an smendme</u>	nt provides for an exc	hange, reclassifica	itton, or cancella	tion of issued shi	nres,	
provisions for	implementing the am-	endment if not cor	itnined in the am	endment itself:		
	licable, indicate N/A)					
Α						
				 .	·	
				· · · · · · · · · · · · · · · · · · ·		

05/25/2033 04:46 07-14-15;12:20PM;M and M-R SECRETARY OF STATE :305-262-2282

15 JUL 14 AH 8: 56

13 301 11. 11.
The date of each amendment(s) adoption: 7-14-15 AH 8: 50 , if other then date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group cutilled to vote separately on the amendment(s):
The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. **TULY 10, 2015** Dated Signature
(By a director, president or other officer—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed fiduciary by the fiduciary)
SERGIO SALADRIGAS
(Typed or printed name of person signing)
DIRECTOR / President / Secretary
(Title of person signing)