# P12000021882

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SECRETARY OF COATS

APPROVED

C. LEWIS

MAY 9 2014

EXAMINER

### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FARRE	-CL Home S	ERVICES INC
DOCUMENT NUMB	ER: 7120	000 21882	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	JAMI	Name of Contact Person	EU, USQ.
		Firm/ Company	
	7710	GRAND B	LUD
	PORT 1	Address    CHE   City   State and Zin Code	-C. 34668
	E-mail address: (to be us	rool ( a o	notification)
For further information	concerning this matter, pleas	se call:	
JAW	ES Mathre	0 at ( 727	844-5000 de & Daytime Telephone Number
			•
Enclosed is a check for	the following amount made p	payable to the Florida Depa	irtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mail	ing Address	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

APPROVE. ANO FILED

## Articles of Amendment to Articles of Incorporation

14 APR 29 PH 4: 50

FARRELL HOME SERVICE	SECRETARY OF DISTRIBLE
(Name of Corporation as currently filed with the Flo	rida Dépt. of State)
P 12000031882	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida</i> Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
TEAM FARRELL INC name must be distinguishable and contain the word "corporation."	• The new
name must be distinguishable and contain the word "corporation." "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc.," or "Coword "chartered," "professional association," or the abbreviation "P.  B. Enter new principal office address, if applicable:	o". A professional corporation name must contain the
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the
Name of New Registered Agent N/A	
(Florida stree	( address)
New Registered Office Address:	Elevida
(Ciŋy)	Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	h and accept the obligations of the position.

Signature of New Registered Agent, if changing

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 <math>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: X Change	<u>PT</u>	John Doe	·
X Remove	<u>v</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add Remove			
6) Change			
Remove			

Attach additional sheets, if necessary	y). (Be specific)
	N/A
	TO F
·	
	<del></del>
	,
f an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,
provisions for implementing the a	amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	N/A
· · · · · · · · · · · · · · · · · · ·	



The date of each amendment(s) adoption:	14 APR 29 PM 4:51	, if other than the
date this document was signed.	SECRETARY OF STATE TALL AHASSEF, FLORIDA	
Effective date if applicable: (no more tha	n 90 days after amendment file date)	<del></del>
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitled		
"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 direct action was not required.	ors without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators vaction was not required.	without shareholder action and shareholder	
Dated 4-23-14 Signature X		
Signature X		
(By a director, president or other of	officer – if directors or officers have not been a the hands of a receiver, trustee, or other court ary)	<del></del>
STEPH (Typed o	EN FARRELL or printed name of person signing)	
	Secretary Treusurer (Title of person signing)	! Director