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R. WHITE
MAY 2.5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DYS COMPANIO	N SERVICES	
DOCUMENT NUMB	P18000008460		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	SOPHIA REYNOLDS		
		Name of Contact Person	1
		Firm/ Company	,
	4044 MEADOWLARK DRI	VE	
•		Address	···
	KISSIMMEE, FL 34746		
		City/ State and Zip Code	e
SOPH	IACMESS@GMAIL.COM		
	E-mail address; (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
SOPHIA REYNOLDS	·	at (<u>407</u>	
Name of Contact Person Area Code & Daytime Te		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Cliftor	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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DYS COMPANION SERVICES (Name of Corporation as currently filed with the Florida Dept. of State) P18000008460 (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: S&C CLEANING SERVICES, INC. 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. 4044 MEADOWLARK DRIVE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) KISSIMMEE, FL 34746 C. Enter new mailing address, if applicable: 4044 MEADOWLARK DRIVE (Mailing address MAY BE A POST OFFICE BOX) KISSIMMEE, FL 34746 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) New Registered Office Address: (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

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: X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	Р	DAMARIS ZELLERS	917 SAN PAULO WAY
Add _XRemove			KISSIMMEE, FL 34758
2) X Change	V	SOPHIA REYNOLDS	4044 MEADOWLARK DRIVE
Add			KISSIMMEE, FL 34746
Remove 3) Change	P	SOPHIA REYNOLDS	4044 MEADOWLARK DRIVE
X Add			KISSIMMEE, FL 34746
4) Change	<u>v</u>	CHRISTOPHER MESSAM	4044 MEADOWLARK DRIVE KISSIMMEE, FL 34746
Add Remove			KISSIMINILL, I L 34740
5) Change Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding addition (Attach additional sheets, if neces	al Articles, enter change sary). (Be specific)	e(s) here:		
NA				
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				-
	·			
 If an amendment provides for a provisions for implementing th 	<u>in exchange, reclassifica</u>	tion, or cancellation of is	sued shares, itself:	
(if not applicable, indicate i	WA)	tante in the amendment	<u>nseu.</u>	
NA				
		•••		
	· · · · · · · · · · · · · · · · · · ·			
-				

	NA NA	
The date of each amendment(s) date this document was signed.	adoption:	, if other than th
date this document was signed.	Δ	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, thi Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	ement
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareh	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholde	Г
05/17/20	18	
Dated Signature	Tophia Reynolds	
selec	i director, president or other offices - if directors or officers have not be need, by an incorporator - if in the hands of a receiver, trustee, or other inted fiduciary by that fiduciary)	
	SOPHIA REYNOLDS	
	(Typed or printed name of person signing)	
	PRESIDENT/REGISTERED AGENT	
	(Title of person signing)	