P960000 20051

(Re	equestor's Name)	
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(Ac	ddress)	
(Ci	ty/State/Zip/Phone	; #)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CUSTOM TOUCH	HCLEANING, INC	
DOCUMENT NUM	P96000020051		
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	JODI RONEN		
		Name of Contact Person	n
	JG CONSULTING SERVIC	ES, LLC	
		Firm/ Company	
	5481 WILES RD STE 502		
		Address	
	COCONUT CREEK, FL 330	073	
		City/ State and Zip Cod	e
JOD	l@ACCU-TAX.TAX		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:at (754	. 220-8270
Name	of Contact Person	at () de & Daytime Telephone Number
	or the following amount made		
S35 Fitting 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)
An Div P.C	iling Address endment Section dision of Corporations Box 6327 lahassee, FL 32314	Amend Divisie Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

CUSTOM TOUCH CLEANING, INC		2817- DEC -6 D 9-311
(<u>Name</u>	of Corporation as currently	y filed with the Florida Dept. of State)
P96000020051		An Dille Miller of Marie Andrews
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new n	name of the corporation:	
		The new
	nation "Corp," "Inc," or "C	a," "company," or "incorporated" or the abbreviation Co". A professional corporation name must contain the P.A."
B. <u>Enter new principal office address.</u> (Principal office address <u>MUST BE A S</u>		· <u>-</u>
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent an new registered agent and/or the new registered	OFFICE BOX) nd/or registered office addra	
Name of New Registered Agent	ANTHONY HARRIS	
	23329 TONC	et address)
New Registered Office Address:	BOCA RATON	, Florida
New Registered Agent's Signature, if of the hereby accept the appointment as regis	changing Registered Agent:	(Lip Code) ith and accept the obligations of the position.
	Miku	<u> </u>
	Spring pf pf New Re	egistered 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	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	Р	ANTHONY HARRIS	23329 TORRE CIRCLE
Add			BOCA RATON
Remove			FL, 33433
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
51 Change			
Add			
Remove			
6) Change			
Add			
Remove			

ittach <i>additi</i>	or adding additional Aronal sheets, if necessary).	(Be specific)			
					
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				n.	
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an amenda rovisions f	ent provides for an exc or implementing the am	<u>hange, reclassific:</u> endment if not co	<u>ation, or cancellati</u> ntained in the ame	<u>ion of issued shares</u> ndment itself:	ت
(if not a)	plicable, indicate N/A)			<u> </u>	
			-		_ .
	- -				
					
					<u>. </u>
				_ 	
					

date this document was signed.	loption:, if other than the
Effective date if applicable:	
r. nective date <u>it applicable</u> .	(no more than 90 days after amendment file date)
Note: If the date inserted in this b document's effective date on the De	clock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONF</u>)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
hy	(voting group)
,	(voting group)
action was not required. The amendment(s) was/were ado action was not required. 12/04/2017 Dated Signature (By a diselected appoint	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder incorporator of the officer of directors or officers have not been likely an incorporator of the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) ANTHINY HARRIS
	(Typed or printed name of person signing)
	PRES
	(Title of person signing)