# P160000071707

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	BLESSINGS HANDS SERVICES, INC					
DOCUMENT NUMBER:	P16000071707					
The enclosed Articles of Amendment	and fee are submitted for filing.					
Please return all correspondence conc	erning this matter to the following:					
	NOSELINE THORCHON					
Name of Contact Person						
BLESSING HANDS SERVICES, INC						
Firm/ Company						
4111 LAKE WORTH RD SUITE I						
<del></del>	Address					
	PALM SPRINGS, FL 33461					
	City/ State and Zip Code					
	ROSENOSE89@GMAIL.COM					
E-mail ad	lress: (to be used for future annual report notification)					
For further information concerning th	is matter, please call:					
NOSELINE THORCHO	V 561 598-0310					
Name of Contact Person	on at ( 561 ) 598-0310  Area Code & Daytime Telephone Number					
Enclosed is a check for the following	amount made payable to the Florida Department of State:					
	Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee the of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 322	Division of Corporations The Centre of Tallahassee					

#### Articles of Amendment to Articles of Incorporation of

# BLESSING HANDS SERVICES, INC

( <u></u>	oration as currently file P16000071707	d with the Florida Dept. of S	tate)	
(De	ocument Number of Con	poration (if known)	<u>.                                    </u>	
ursuant to the provisions of section 607.1006, FI s Articles of Incorporation:		·	he following amendment(s	
. If amending name, enter the new name of t	he corporation:			
/A			The new	
me must be distinguishable and contain the word nc.," or Co.," or the designation "Corp," " chartered," "professional association," or the a	Inc," or "Co". A pro	any," or "incorporated" or the fessional corporation name n	abbreviation "Corp.," nust contain the word	
. Enter new principal office address, if applic	icable: 4111 LAKE		WORTH RD	
Principal office address <u>MUST BE A STREET</u>		SUITE I	SPRINGS, FL 33461	
	<del></del>	PALM SPRINGS.		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	— E <i>BOX</i> )	4111 LAKE WORTH RD		
		SUITE I		
		PALM SPRINGS, FL 33461		
. If amending the registered agent and/or reg		n Florida, enter the name of	<u>the</u>	
new registered agent and/or the new registe	erea office address: NOSELINE TI	HORCHON		
Name of New Registered Agent				
	4111 LAKE WOR			
	(Florida street address) PALM SPRINGS		. FL 33461	
New Registered Office Address:	(City)		(Zip Code)	

Signature of New Registered Agent, if changing

## Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Doe			
X Remove	$\underline{\mathbf{V}}$	Mike Jones			
X Add	<u>\$V</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Nar</u>	<u>me</u>		Address
1) Change	CEO		KENS DARLY VAL		4111 LAKE WORTH RD
Add					SUITE 1
X Remove					PALM SPRINGS 33461
2) Change				<del> </del>	<del>-</del>
Add					
Remove 3) Change				·	
Add					
Remove					
4) Change				<del></del>	
Add					
Remove					· · · · · · · · · · · · · · · · · · ·
5) Change					
Add					
Remove					
6) Change					<del> </del>
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
THE FOLOWING CHANGES WERE MADE:
CHANGED REGISTERED AND MAILING ADDRESS
REMOVED KENS DARLY VAL AS CEO
CHANGED REGISTERED AGENT NAME AND ADDRESS
<del></del>
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)
N/A

.

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days a	fter amendment file date)
Note: If the date inserted in this bl document's effective date on the De		tutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adoraction was not required.	oted by the incorporators, or board of	directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su	oted by the shareholders. The numbe ficient for approval.	r of votes cast for the amendment(s)
	roved by the shareholders through voleach voting group entitled to vote sep	ing groups. The following statement arately on the amendment(s):
"The number of votes cast t	or the amendment(s) was/were suffic	ient for approval
by		51 -
	(voting group)	
	2022  Solving  Tector, president or other officer – if decided to the control of	
	, by an incorporator – if in the hands ed fiduciary by that fiduciary)	of a receiver, trustee, or other court
		THORCHON
•	(Typed or printed name of	person signing)
	DIRE	CTOR
•	(Title of person signing)	

. . . .