258989

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE CORPORATIONS

13 FEB -6 PN 2:55

Amend

FEB - 8 2013

T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Service S	tar Enterprise	Inc	
DOCUMENT NUMI	_{BER:} 258989			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Salvatore Tavo	olacci Sr		
		Name of Contact Person	1	
	Service Star E	nterprise		
		Firm/ Company		
	5710 zip drive	#2		
		Address		
	Fort Myers, FI	33905		
		City/ State and Zip Cod	e	
sal	@servicestarflo	orida com		
		sed for future annual report	notification)	
	·	•	,	
For further information	n concerning this matter, pleas	se call:		
Salvatore T	avolacci Sr	941	302-8805	
Name o	of Contact Person	Area Co	302-8805 de & Daytime Telephone Number	_
Enclosed is a check fo	r the following amount made			
\$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 whassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building xecutive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



Service Star Enterprise Inc

(Name of Corporation as	s currently filed with the Flor	ida Dept. of Sta	<u>te</u>)	
	nt Number of Corporation (if kr	nown)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	.1006, Florida Statutes, this <i>Flo</i>	rida Profit Corp	oration adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
	\$0.00 CO			_The new
name must be distinguishable und con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	". A profession		
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>				
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>				•
D. If amending the registered agent an new registered agent and/or the new	w registered office address:		er the name of the	
Name of New Registered Agent	Salvatore Tavolacc	Sr		
	5710 zip #2 (Florida street)			
New Registered Office Address:	fort myers, flori	·	, Florida 33905	
New Registered Office Address.	(City)		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist Si			obligations of the position.	

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.

Frample:

X Change	<u>PT</u> <u>John</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sall	y <u>Smith</u>	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>P</u>	Salvatore Tavolacci	5710 Zip drive #2
Add			fort myers fl 33905
X Remove			
2) Change	Р	Salvatore Tavolacci Sr	5710 Zip Drive #2
X Add		13-440	Fort Myers FI 33905
Remove			
3) Change	CFO	Salvatore Tavolacci	5710 zip drive #2
Add			fort myers fl 33905
X Remove			
4) Change	CFO	Salvatore Tavolacci Sr	5710 zip drive #2
X Add			fort myers fl 33905
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	additional shee	g additional Ar ets, if necessary).	Be specifi	c)			

					<u></u>		
provisi	<u>ions for implei</u>	vides for an exc menting the am , indicate N/A)	hange, reclas endment if no	sification, or contained in	ancellation of is the amendment	sued shares, itself:	
	-	-		· · · · · ·			
			====				

The date of each amendment(s) adoption: 02/05/2013				
Effective date <u>if applicable</u> :				
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):			
"The number of votes cas	at for the amendment(s) was/were sufficient for approval			
by	(voting group)			
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder			
Dated 02/05	5/2013			
select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)			
	Salvatore Tavolacci Sr			
	(Typed or printed name of person signing)			
	President / CFO			
	(Title of person signing)			