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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Stanley S	teemer Carpet C	leaning of Collier Con	inty INC
DOCUMENT NUMB	er: <u>50508</u>	<u>ر</u>		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
-	John D Sm	Name of Contact Person	. <u></u> 1	
-	Stanley Ste	Pemer Carpet Firm/Company	Cleaning	
-	8739 Cypres	s Reserve Ci	<u>ccle</u>	
-	Orlando FL	32836 City/ State and Zip Code	e	
- For further information	E-mail address: (to be us	© a o   . Com sed for future annual report se call:	notification)	
John D	Sm. H f Contact Person	at ( 407	) 217-2111 de & Daytime Telephone Number	
	the following amount made		•	
□ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Incorporation

of

Stanley Steemer Curpet Clagary o	f Collier County, Inc.
(Name of Corporation as currently f	iled with the Florida Dept. of State)
505 (	236
(Document Number of C	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fla</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "cor "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A p "chartered," "professional association," or the abbreviation "P.A."	npany," or "incorporated" or the abbreviation 'Corp.,"
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
	10:35
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	John D Smith
	8739 Cypress Reserve Cir Orlando Fl 32836
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	
Name of New Registered Agent John D	ypress Reserve Cir
8739 C (Florida street	yoress Reserve Cit
New Registered Office Address: Orlando	ity), Florida 32836 (Zip Code)
, -	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wit	h and accept the obligations of the position.
and I	
Signature of New Reg	istered Agent, if changing
Charle Consultantia	

 $\Box$  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.

Example: X Change	<u>PT</u> Joh	n Doe	
X Remove		ce Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change		William D Smith	William D Smith
Add			9012 Reyes Ct
Remove			Oclando fe 32831
2) Change			
Add			
Remove Change			
Add			
Remove		•	<del></del>
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Ar Attach additional sheets, if necessary).	(Be specific)				
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an amendment provides for an exprovisions for implementing the an	enange, rectassific	ation, or canceus	<u>uon or issueu sir</u> iendment itself:	ares,	
(if not applicable, indicate N/A)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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The date of each amendment(s) ado	otion:	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date	·)
<b>Note:</b> If the date inserted in this block document's effective date on the Department.	ek does not meet the applicable statutory filing requirement rtment of State's records.	nts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt action was not required.	ed by the incorporators, or board of directors without sharel	nolder action and shareholder
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes east for the an cient for approval.	nendment(s)
	ved by the shareholders through voting groups. The following ch voting group entitled to vote separately on the amendme	
"The number of votes cast fo	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
Dated 08/	09/2020	
selected,	etor, president or other officer – indirectors or officers have by an incorporator – if in the hands of a receiver, trustee, or fiduciary by that fiduciary)	e not been other court
_	John D Smith (Typed or printed name of person signing)	
	President	
_	(Title of person signing)	