G49170

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COVER LETTER

TO:	Amendm	ent Sec	ction
	Division	of Con	porations

NAME OF CORPORATION: Best's	Maintenance & Jan	itorial Services, Inc.
DOCUMENT NUMBER: G49170		
The enclosed Articles of Amendment and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Charlene H.	Smith	
	Name of Contact Per	rson
Best's Maint	enance & Janitorial	Services, Inc.
	Firm/ Company	
1700 NW 2n	d Ave.	
	Address	
Boca Raton	FL 33432	
	City/ State and Zip C	Code
csmith@bestsm	aintenance com	
	(to be used for future annual rep	ort notification)
Li-man address.	(to be used for facult difficult top	or noundation)
For further information concerning this matt	ter, please call:	
Charlene H. Smith	_{at (} 561	826-2378
Name of Contact Person	Area	Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt made payable to the Florida D	Department of State:
\$35 Filing Fee \$\square\$\$\$\$\square\$		Certificate of Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Am Div Cli 266	eet Address mendment Section rision of Corporations from Building 11 Executive Center Circle

Articles of Amendment to Articles of Incorporation of

Best's Maintenance & Janitorial Services	·
(Name of Corporation as currently filed with the Fl	orida Dept. of State)
G49170	
(Document Number of Corporation (if	known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida 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" ("Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Cover word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name must contain the P.A."
B. Enter new principal office address, if applicable:	1700 NW 2nd Ave. Ste 200
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Boca Raton, FL 33432
	38
	F 22
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FILED 26 PH
	95 N
	<u> </u>
D. If amending the registered agent and/or registered office addr- new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
	•
Name of New Registered Agent	
(Florida stre	vet address)
New Registered Office Address: (City)	, Florida (Zip Code)
	, , ,
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	
Signature of New Registered A	gent, 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)

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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	PT	John Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>mes</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change				
Add				
Remove				
2) Charren				
2) Change		-		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change				
Add		_		
Remove				
Kemove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
-	(
If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
If an amendment provides for an exchaprovisions for implementing the amer	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
If an amendment provides for an exchaprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
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The date of each amendment	(s) adoption: 8/10/12
Effective date <u>if applicable</u> :	8/10/12
`	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement d for 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
by	(voting group)
☐ The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated 9/24	V/12
sel	y a director, president or other officer – if directors or officers have not been lected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Donald R. Smith
	(Typed or printed name of person signing)
	President
	(Title of person signing)

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