J50676

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(PRM) 10-24-14

COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	American Cons	ulting Service	s Corp.		
DOCUMENT NUMBER:	J50676		-		
The enclosed Articles of Amend	ment and fee are subn	nitted for filing.		_	,n =
Please return all correspondence	concerning this matte	r to the following	ng:		
	1	Donald E. Hud	dson II, E	isq.) : 1907
	Name of Contact Person				
	Ar	nerican Cons	ulting Sei	rvices Corp.	29
		Firm/ Cor	npany		
	11	300 4th Stree	et North,	Suite 200	ان الاية
	Address				
	St	: Petersburg, F	FL 33716		
		City/ State and	Zip Code	2	_
dhu	daan@aaraamathtr	sining com			
	dson@careerpathtra il address: (to be used		ual report	notification)	
For further information concerni	ng this matter, please	call:			
Don Hudson		at (727		
Name of Contact	Person		Area Co	de & Daytime Telephone Numbe	er
Enclosed is a check for the follow	wing amount made pay	yable to the Flo	orida Depa	artment of State:	
	3.75 Filing Fee & stificate of Status	S43.75 Filing Certified Cop (Additional copenciosed)	ру		
Mailing Addr	<u>ess</u>		Street	Address	
Amendment S	ection		Amend	ment Section	
Division of Corporations		Division of Corporations			
P.O. Box 6327				Building	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

American Consulting Services Corp.	
(Name of Corporation as currently filed with the Flo	rida Dept. of State)
J50676	
(Document Number of Corporation (if k	nown)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</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:	
N/A	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A 8
D. If amending the registered agent and/or registered office address	s in Florida, enter the name of the
new registered agent and/or the new registered office address:	
Name of New Registered Agent Donald E. Hudson, II	
11300 4th Street North, (Florida street	
New Registered Office Address: St Petersburg (City)	, Florida <u>33716</u> (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. Lamfamiliar with Signature of New Registered Agent.	11

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

Mike Jones, V as Rem Example:	iove, and Sally S	mith, SV as an Add.	₹ .
X Change	<u>PT</u> Jo	hn <u>Doe</u>	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>SV</u> Sa	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	CEPD	John E. Kearney	11300 4th Street North, Suite 200
Add			St Petersburg, FL 33716
X Remove			
2) Change	VSTD	John E. Kearney, Jr.	11300 4th Street North, Suite 200
Add			St Petersburg, FL 33716
X Remove			
3) Change	<u>P</u>	Robert Synowicki	P.O. Box 45308
X Add			Omaha, NE 68145
Remove			
4) Change	DVP	James Mullen	P.O. Box 45308
X Add			Omaha, NE 68145
Remove			<u></u>
5) Change	DST	James Johnson	P.O. Box 45308
X Add			Omaha, NE 68145
Remove			
6) Change			
Add			
Remove			

N/A		
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f an amendment provides for an exchange, reclassification provisions for implementing the amendment if not contain	n, or cancellation of issued shares, ined in the amendment itself:	
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The date of each amendment(s) adoption: date this document was signed.	May 2, 2014	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient for	ne shareholders. The number of votes cast for the amendment(s) or approval.	
	the shareholders through voting groups. The following statement ng group entitled to vote separately on the amendment(s):	
	nendment(s) was/were sufficient for approval	14
by	voting group)	8 7
	ooting group)	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder	5 F
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder	F 5
Dated September 29, 20	114	
Signature	Ones Mull	
	esident or other officer - if directors or officers have not been	
	ncorporator – if in the hands of a receiver, trustee, or other court ary by that fiduciary)	
appointed fiduci	ary by that inductary)	
	James Mullen	
	(Typed or printed name of person signing)	
	Director and Vice President	
	(Title of person signing)	