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(Requestor's Name)	
(Address)	500321592095

(Address)

PICK-UP

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ____

Special Instructions to Filing Officer:

MAIL





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T. LEMILUA

IDEC 1 8 2018

COVER LETTER

TO:	Amendm	ent Sec	tion
	Division	of Corr	orations

Door Concierge Services, Inc. NAME OF CORPORATION: DOCUMENT NUMBER: <u>N180000</u>1557

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica Ackson (Name of Contact Person) ODE CONCIENCE Services, INC 2404, Melbourne, F-L. 32902 1 bourne F 32902 Den day concierge services of Inc @ gmuil. Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

rica <u>Jackson</u>)216-7875 ame of Contact Person) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee
	Certificate of Status	Certified Copy	Certificate of Status
		(Additional copy is	Certified Copy
		enclosed)	(Additional Copy is
			Enclosed)

Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Article	s of Amendment
	to
Articles	of Incorporation of
<u>(Name of Corporation as current</u>	erge Servi Ces Inc.
Y 18001 (Document Number	5.57 er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statutes mendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts the following
N. If amending name, enter the new name of the corporation	<u>on:</u>
NIA	25
name must be distinguishable and contain the word "corporati Company" or "Co," may not be used in the name.	ion" or "incorporated" or the abbreviation "Corp." or "Inc."
 <u>Enter new principal office address, if applicable:</u> Principal office address <u>MUST BE A STREET ADDRESS</u>) 	N/A
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
 If amending the registered agent and/or registered offic new registered agent and/or the new registered office ac 	
Name of New Registered Agent:	N/A
<u>New Registered Office Address:</u>	(Florida street address)
	N//H Florida (Cuy) (Zip GoderS
New Registered Agent's Signature, if changing Registered a hereby accept the appointment as registered agent. I am fan	
	N/A TI
	gnature of New Registered Agent, if changing

Page 1 of 4

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: <u>X</u> Change <u>X</u> Remove <u>X</u> Add	<u>V</u> <u>Mik</u>	<u>1 Doe</u> <u>e Jones</u> y Smith	
<u>Type of Action</u> (Check One)	<u>Title</u>	Name	Address
1) Change Add Remove	CEO	Erica Jackson	417 Lincoln Ave Merritt Island, FL 32953
2) Change Add			
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove Change Add			
Remove		Dec. 2 . 64	

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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Page 3 of 4

	ich amendment(s) ado nent was signed.	ption:	, if other than the
Effective date	if applicable:	February 10, 2018 (no more than 90 days after amendment file dat	(e)
		k does not meet the applicable statutory filing require artment of State's records.	ements, this date will not be listed as the
Adoption of A	amendment(s)	(<u>CHECK ONE</u>)	
	idment(s) was/were add sufficient for approval	pted by the members and the number of votes cast fo	or the amendment(s)
adopted ł	no members or members or members or members or members of director of director Dated	ers entitled to vote on the amendment(s). The amendment(s).	ment(s) was/were
Ş	Signature	Aller	
	have not been	nan by vice elfairmen of the board, president or other of a selected, by an incorporator – if in the hands of a rec produted figueian, by that fiduciary)	
		(Types or printed name of person signing	
		FUIDENT (Title of person signing)	ng)