

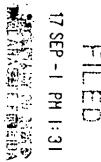
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

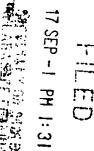
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NAME OF COR	PORATION:	NORTHWEST S	UPPORT SERVI	ICES, INC	_	
DOCUMENT N	UMBER:	P00000	0075622		_	
The enclosed Art	icles of Amendment	and fee are submitted fo	or filing.			
Please return all o	correspondence conce	erning this matter to the	following:			
	JILL J. KESTN	IER				
	Name of Contact Person					
	NORTHWEST SUPPORT SERVICES, INC					
	Firm/ Company					
	5320 N. PEARI	L STREET				
	Address					
	JACKSONVIL	LE, FL 32208				
		City/ S	itate and Zip Cod	e		
	JILLERSKESTN	NER@ICLOUD.COM	CC: REG1985	@ҮАНОО.СОМ		
_	E-mail add	ress: (to be used for fut	ure annual report	notification)	-	
For further inform	nation concerning this	s matter, please call:				
JILL J KESTNE	R		904 _ at (	652-6272		
Name of Contact Person		n	Area Co	ode & Daytime Telephone Ni	ımber	
Enclosed is a che	ck for the following a	amount made payable to	the Florida Depa	artment of State:		
S35 Filing Fe		te of Status Certi	75 Filing Fee & fied Copy tional copy is osed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation

FILED

17 SEP - 1 PM 1:31

## NORTHWEST SUPPORT SERVICES, INC

THE AND THE PROPERTY OF SHEET

	P000000	75622	•
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporation adopts the fo	ollowing amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
	nation "Corp," "Inc," or	on," "company," or "incorporated" or "Co". A professional corporation name "P.A."	the abbreviation
3. Enter new principal office address, if applicable:		N/A	
Principal office address <u>MUST BE A S</u>			
			<del>-</del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
	<del></del>		<del></del>
		-	
		<del></del>	<del></del>
D. If amending the registered agent an			
new registered agent and/or the ne-		<u>s:</u>	
Name of New Registered Agent	JILI, J. KESTNER		
	5320 N. PEARL ST.		
	(Florida si	reet address)	
New Registered Office Address:	JACKSONVILLE	, Florida	32208
		(City)	(Zip Code)
New Registered Agent's Signature, if c	hanging Registered Agen	<b>t</b> :	
hereby accept the appointment as regis	ered a <del>gent</del> . I am familiar	with and accept the obligations of the po.	sition.
Jo	A Kerh	es)	
	Signature of New	Registered Agent, 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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P/CEO	REGINALD L. GAFFNEY	11636 JERRY ADAM CT
Add			JACKSONVILLE, FL 32218
X Remove			
2) Change	P/CEO	REGINALD L. GAFFNEY, JR	1845 DAYTONA LANE
XAdd			JACKSONVILLE, FL 32218
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			•
Remove			

(Attach additional sheets, if nece	ssary). (Be specific)		
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	•		
If an amendment provides for provisions for implementing to (if not applicable, indicate	he amendment if not contain	m, or cancellation of issued in the amendment itse	l shares, elf:
ER THE PURCHASE SALE AG	REEMENT EXECUTED JU	LY 11, 2017 CONVEYS 10	0% OF SHARES TO
REGINALD L. GAFFNEY, JR. A	ND CANCELLATION OF 1	00% OF SHARES ISSUED	ON SEPTEMBER 7, 2006 T
CEO REGINALD L. GAFFNEY			
<u>-</u>			
<u>-</u>			
			<u></u>

JULY 11, 2017	
The date of each amendment(s) adoption:, if other date this document was signed,	than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as the
Adoption of Amendment(s) ( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 adopted by the board of directors without shareholder action and shareholder action was not required.	
■ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
REGINALD L. GAFFNEY	
(Typed or printed name of person signing)	
PRESIDENT/CEO	
(Title of person signing)	