P0100038230

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C. LEWIS AUG 22 2014 EXAMPLE

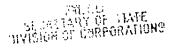
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MORE SE ER: P010000382	ERVICES GR	OUP INC	
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
<u> </u>	DEXTON LINE	SAY		
ļ	MORE SERVI	Name of Contact Persor	•	
_	1210 SW 46 W	Firm/ Company /AY		
DEERFIELD BEACH FL 33442				
MC	PRESERVICE C E-mail address: (to be us	City/ State and Zip Code GROUP@GM/ sed for future annual report	AIL.COM	
For further information concerning this matter, please call:				
DEXTON L	INDSAY	at (954	, 588-9052	
Name o	f Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section			Address Iment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



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MORE SERVICES GROUP INC

(Name of Corporation as currently filed	d with the Flor	ida Dept. of State)		
P01000038230	·			
(Document Number of Co	orporation (if k	nown)	·	
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this <i>Fla</i>	orida Profit Corporation	n adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corp	ooration:			
N/A				The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the ab	"Inc," or "Co	". A professional corp		- bbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	ESS)		M	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	l			
D. If amending the registered agent and/or registered		s in Florida, enter the i	name of the	
new registered agent and/or the new registered of Name of New Registered Agent N/A	fice address:	www.		
	nagaran kanan			
	(Florida street	address)		
New Registered Office Address:		, Flor		
	(City)		(Zip Code)	
N. B. L. J. J. S. L. K. J. S. L.				
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I a		h and accept the obligat	ions of the position.	
Signature of New	Registered Age	ent, 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.

Example: 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	D	MAXINE CUSH	1210 SW 46 WAY
Add			DEERFIELD BEACH
Remove			FL 33442
2) Change ···			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			Annual Marie Park Color
Add			, -, -, -, -, -, -, -, -, -, -, -, -, -,
Remove			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5) Change			
Add			
Remove		•	
6) Change			
Add	. <u>-</u> .		
Remove			

* **	icles, enter change(s) here: (Be specific)	
N/A	•	
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The second second		
	•	
		
	Program dang di transpilation and anno and the construction and a cons	
-17		
. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:	
provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indirect if not contained in the amendment itself:	
provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, indirect if not contained in the amendment itself:	
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provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	

The date of each amendment(s) adoption: JULY 1, 2014	SCOR LANGE STATE	, . , if other than the
date this document was signed.	HATOLOGICAL COMPANY OF THE STATE OF THE STAT	, ir other than the
Effective date if applicable: JULY 1, 2014	14 AUG 15 PM 2: 08	
(no more than 90	0 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	number of votes cast for the amendment(s)	
The amendment(s) was/were approved by the shareholders thro must be separately provided for each voting group entitled to		
"The number of votes cast for the amendment(s) was/wer	e sufficient for approval	
by	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(voting group)		
The amendment(s) was/were adopted by the board of directors action was not required.	without shareholder action and shareholder	
The amendment(s) was/were adopted by the incorporators with action was not required.	out shareholder action and shareholder	
Dated AUGUST 01, 2814		
Signature		
(By a director, president or other offic	cer – if directors or officers have not been to hands of a receiver, trustee, or other court	_
DEXTON LINDSAY		
(Typed or p	printed name of person signing)	
PRESIDENT		
(Tid	tle of person signing)	