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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Process Service	e of America, Inc		
DOCUMENT NUMBER: P03000049135			
The enclosed Articles of Amendment and fee ar	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Christopher M Compton			
	Name of Contact Person		
Process Service of Ameri	ica. Inc		
	Firm/ Company		
67 Ted Lott Ln	t time Company		
Address			
Crawfordville FL 32327			
	City/ State and Zip Code		
	·		
lorra@shepardaccounting.com			
E-mail address: (to b	pe used for future annual report notification)		
For further information concerning this matter, p	please call:		
Christopher M Compton	at (850) 877-9809 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount ma	ade payable to the Florida Department of State:		
\$35 Filing Fee			
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 Articles of Incorporation of

Process Service of America, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) P03000049135 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: NA name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Christopher M Compton Name of New Registered Agent 6**₩**Ted Lott Ln (Florida street address) Crawfordville New Registered Office Address: (Zip Code) (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position 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.

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>	<u>Name</u>	Address
1) Change	PD	Compton, Michael R	224 Harvey Mill Rd
Add			Crawfordville FL 32327
x Remove			
2) Change	DVP	Compton, Regina L	224 Harvey Mill Rd
Add			Crawfordville FL 32327
x Remove			
3) Change	PT	Compton, Christopher M	64 Ted Lott Ln
x Add			Crawfordville FL 32327
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	 		
Add			
Remove			

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
NA	
F. If an amendment provides for an exch provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
All shares are reassigned from Regina and	Michael Compton to Christopher M Compton.
	

The date of each amendment(s) adoption:
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
(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 as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
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)
(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
Signature AMC
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Christopher M Compton
(Typed or printed name of person signing)
President
(Title of person signing)