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JUL 24 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: AARON PRESSU	JREWASHES	INC		
DOCUMENT NUMB	ER:				
	of Amendment and fee are su	bmitted for tili	ng.		
Please return all corres	pondence concerning this ma	tter to the follo	wing:		
	ALIA GAVRIAN				
-	Name of Contact Person				
	AARON PRESSUREWAS	HES INC			
•	<u>. </u>	Firm/ (Company		
	10824 ALAFIA STREET				
•		Ad	dress		
	GIBSONTON, FL 33534				
		City/ State	and Zip Code	2	
AARO	NSPALLETS@VERIZON	.NET			
	E-mail address: (to be us		nnual report	notification)	
For further information	concerning this matter, pleas	se call:			
ALIA GAVRIAN		at i	813	758-3015	
Name of Contact Person		Area Code & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the	Florida Depa	irtment of State:	
☐ S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Fi Certified (Additional enclosed)	Copy d copy is	□\$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			Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

AARON PRESSUREWASHES INC			
(<u>Name</u>	of Corporation as currentl	y filed with the Florid	a Dept. of State)
P03000143439			
	(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	.1006, Florida Statutes, this	Florida Profit Corpora	ation adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
"Corp" "Inc" or Co" or the design word "chartered." "professional associal B. Enter new principal office address, (Principal office address MUST BE A S C. Enter new mailing address, if apple (Mailing address MAY BE A POST)	ition." or the abbreviation " if applicable: TREET ADDRESS)		FILED FILED FILED FILED
D. If amending the registered agent ar new registered agent and/or the ne			<u>he name of the</u>
Name of New Registered Agent	AARON L. GAVRIAN	<u> </u>	
	10824 ALAFIA STREET	Ī	
	(Florida str	veet address)	
Now Rouistored Office Address:	GIBSONTON		33534 . Florida

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

(City)

(Zip Code)

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:	ove, ana sa	uy Smun, Sv as an Ada.	
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	Р	AARON L. GAVRIAN	10824 ALAFIA STREET
Add			GIBSONTON, FL 33534
Remove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
WE ARE AMENDING ARTICLES V AND VII BECAUSE OF A TYPO. THE CORRECT NAME IS		
AARON L. GAVRIAN NOT THE INCORRECT NAME THAT IS LISTED AARON E. GAVRIAN		
		
	 ·	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,		
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
N/A		
		

•	JULY 19, 2018	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.	V 10, 2010	
Effective date <u>if applicable</u> :	Y 19, 2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements partment of State's records.	, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes east for the amer fficient for approval.	ndment(s)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendment	; statement !(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	opted by the board of directors without shareholder action and shaped by the incorporators without shareholder action and shareh	
action was not required.		
JULY 19, Dated	lows	
selecte	irector, president or other-officer – if directors or officers have n d, by an incorporator – if in the hands of a receiver, trustee, or of ted fiduciary by that fiduciary)	
	AARON GAVRIAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	