P03000149823

(Re	equestor's Name)	
(Ad	dress)	<u>. </u>
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	, <u>,</u>	

Office Use Only



900060463399

10/11/05--01026--013 **35.00

2005 OCT 11 AM II: 28

\$ 10/18/05

COVER LETTER

TO: Amendment Section Division of Corporations

A COMP PRINCE D 2005 OCT 11 AM 11: 28

	. <u> </u>	LAHASSEE FISIATE
NAME OF CORPORATION: A & A MOS	LEY SERVICES, INC	· CANASSEE FLORIDA
DOCUMENT NUMBER: <u>P03000149823</u>		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
ANTHONY MOSLEY (Name of C	ontact Person)	
A & A MOSLEY SERV		
303 GARDENIA STREE	Company)	
(Ac	ldress)	
WEST PALM BEACH, FL	33401	
(City/ State	and Zip Code)	
For further information concerning this matter, ple	ase call:	
ANTHONY MOSLEY (Name of Contact Person)	at (561) 436-5686 (Area Code & Daytime Tele	
Enclosed is a check for the following amount:		
☑ \$35 Filing Fee	□\$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 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 of

Α	ጼ	Δ	MOSI	FY	SERVICES.	INC
\boldsymbol{T}	CX	$\overline{}$	MOOL	. L J	OLIVIOLO,	HYO.

2005 OCT | | AM | |: 28

The last terms in the

(Name of corporation as currently filed with the Florida Dept. of State)

ALLAHASSEE FLORIDA

Р	0	3	0	0	0	1	49	9	8	23	3
---	---	---	---	---	---	---	----	---	---	----	---

(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:

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
ARTICLE II: The principle place of business address is
303 Gardenia Street, West Palm Beach, FL 33401
The mailing address of the business is
P.O. Box 3642, West Palm Beach, FL 33402
ARTICLE III: The address for the Registered Agent is
303 Gardenia Street, West Palm Beach, FL 33402
(Attach additional pages if necessary)
If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: October 6, 2005	1 1 ham ham been
Effective date if applicable:		2005 OCT AM : 28
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	ALLAHASSEE FLORIDA
	vas/were approved by the shareholders. The the shareholders was/were sufficient for ap	
	vas/were approved by the shareholders throu must be separately provided for each voting sendment(s):	
"The number of v	votes cast for the amendment(s) was/were s	ufficient for approval by
	(voting group)	
The amendment(s) wand shareholder action	vas/were adopted by the board of directors von was not required.	vithout shareholder action
The amendment(s) we shareholder action we	vas/were adopted by the incorporators withous not required.	out shareholder action and
selecte	rector, president or other officer - if directors or officed, by an incorporator - if in the hands of a receiver, atted fiduciary by that fiduciary)	
AN	THONY MOSLEY (Typed or printed name of person signing))
PRI	ESIDENT	
	(Title of person signing)	·· ···

FILING FEE: \$35