## P04000002166

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C.Co. Johnis

## COVER LETTER

**TO:** Amendment Section

Division of Corporations	
NAME OF CORPORATION:POHOX	00002166
DOCUMENT NUMBER: <u>Five Star</u>	Hospitality Services, Inc.
The enclosed Articles of Amendment and fee are su	·
Please return all correspondence concerning this ma	tter to the following:
	Mark R. Stroup Name of Contact Person
	Firm/ Company
10.	3 Shadow Lake Dr. Address
<del></del>	Longwood, FL 32779 City/ State and Zip Code
E-mail address: (to be us	TZO holmail.com sed for future annual report notification)
For further information concerning this matter, pleas	se cali:
Patricia Betts Name of Contact Person	at (321 ) 248-8404  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made [	
\$35 Filing Fee	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  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 FINE Star HOSpitality Services, Factor Name of Corporation as currently filed with the Florida Dept. of State) PC4000002166

(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:

Fills Chara C	C 100		ant .
Five Stay G.  me must be distinguishable and contain the w	<u>U. 100.</u>		The ner
me must be aistinguishable and contain the w Torp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or ti	orp," "Inc," or "Co". A professi	or incorporation name must	contain th
Enter new principal office address, if applical rincipal office address MUST BE A STREET AL			
			-3"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	ROX		
(muning address MATI DE AT OST OFFICE E			3
		<del></del>	یمز دی
			0
If amending the registered agent and/or regis	tared office address in Florida, e	inter the name of the	2817 NOV 30 314 5: 21
new registered agent and/or the new registere		mer the manne or the	્ર•
Name of New Registered Agent			24
			_
<del></del>	(Florida street address)		_
		, Florida	Code)
New Registered Office Address:	(Citv)		

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:

 $P = President; V = Vice President; T = Treasurer; S \neq Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$ 

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 Do	<u>c</u>	
X Remove	$\underline{V}$	Mike Jo	nes	
X Add	<u>\$V</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove				
3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				<u> </u>
Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	<u> </u>
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:

The date of each amendment(s) a date this document was signed:	doption:		, if other than the
Effective date if applicable:			
	(no more than 90 day	s after amendment file date)	
Note: If the date inserted in this locument's effective date on the D		statutory filing requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were ad by the shareholders was/were s		ber of votes cast for the amendment(s)	
	proved by the shareholders through very each voting group entitled to vote s	oting groups. The following statement eparately on the amendment(s):	
	for the amendment(s) was/were suff		
by	(voting group)	, , , , , , , , , , , , , , , , , , ,	
	(voing group)		
The amendment(s) was/were ad action was not required.	opted by the board of directors withou	out shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without sl	nareholder action and shareholder	
Dated	16 2017 11 AH		
	1/1/		
			<u></u>
		f directors or officers have not been	
	d, by an incorporator — if in the hand ted fiduciary by that fiduciary)	is of a receiver, trustee, or other court	
•••			
	Mark R Stro	LI D	
	(Typed or printed name	CIDO of person signing)	
	President		
	(Title of per	son signing)	<del></del>