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(R	equestor's Name)	
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COVER LETTER

TO: Amendment Section

Division of Corpora	uons				
NAME OF CORPORA	-	,	Services Inc		
DOCUMENT NUMBE	r: <u> </u>	0084867			
The enclosed Articles of	Amendment and fee are sub	mitted for filing.			
Please return all correspond	ondence concerning this mutt	er to the following:			
		Name of Contact Person			
	Doli's Ac	conting Sur	ices, Inc		
	532)	1s-1 Avc Address	South		
	_		33767		
	12-mail address: (to be used for future annual report normication)				
For further information	concerning this matter, pleas	e call:			
Dol 1 Name of	Contact Person	at (<u>727</u> Area Co) 520 1980 de & Daytime Telephone Number		
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment 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)		
Amer Divis P.O.	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		

FILED SEGRETARY OF STATE JIVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation

2016 JUL 12 PM 3:53

of	n por action
Polis Accounting	SCIVICES INC. filed with the Florida Dept. of State)
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the world "corporation "Carp.," "Inc.," or Co.," or the designation "Carp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	"o". A professional corporation name must contain the
B. Enter new principal office address, if amplicable; (Principal office address <u>MUST RE A STREET ADDRESS</u>)	<u>a a</u>
C. Enter new multing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	n/a
D. If amending the registered agent and/or registered office address:	•
Name of New Registered Agent 1) (4	
(Florida stre	
New Registered Office Address:	, Florida (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar a	
Signature of New R	egistered Agent, if changing

If smending 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 Remove	<u>v</u> s <u>v</u>	Mike Jones	
	81/		
_X Add	17 Y	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name •	Address
1) Change Add Remove	<u>_P</u>	Dale A. Davy	3172 <u>54th St N</u> St <u>Peter3bury</u> FL 33710
2) X Change Add Remove	_\$_	Dob A Davy	3172 JUHN St N St. Petersburg, FL 33710
3) Change Add Remove	Water or		
4) Change Add Remove		•	englisher: N. National Co. P., and the death cold cold cold cold cold cold cold cold
5) Change Add Remove			
6) Change Add Remove			

If an amendment provides for an exchange, reclassification, or concellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (If not applicable, indicate N/A)	xuach agaillona	<u>tlding ndditlonal /</u> I sheets, if necessar	y). (Be specific	<i>.)</i>			
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FICED SECRETARY OF STATE STYISTON OF CORPORATION

The date of each amendment(s) adoption: 6/29/16 2016 JUL 12 PH 3: 53 if other than the date this document was signed.
/ last.
Effective date if applicable: 6 29 16 (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 east 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 east for the amendment(s) was/were sufficient for approval
by"
(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
(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)
(Typed or printed name of person signing)
Secretary (Title of person signing)
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