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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ANGELA STEWART SERVICES, INC						
DOCUMENT NUMBER: P05000092793						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ANGELA ST	ANGELA STEWART					
	Name of Contact Person					
····		Firm/ Company	· · · · · · · · · · · · · · · · · · ·			
137 SEGOV	IA RD					
ST ALIGUST	FINE FL 32086	Address				
	TINE FL 32000	City/ State and Zip Code				
E-mail a	iddress: (to be used	for future annual report r	otification)			
For further information concerning this matter, please call:						
ANGELA STEWART		at (<u>904</u>	347-5792			
Name of Contact Per	rson	Area Cod	e & Daytime Telephone Number			
Enclosed is a check for the followin	g amount made pa	yable to the Florida Depar	tment of State:			
	5 Filing Fee & icate 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)			
Mailing Address Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on orations	Division Clifton 2661 Ex	Address nent Section n of Corporations Building secutive Center Circle ssee, FL 32301			

Articles of Amendment to Articles of Incorporation of

ANGELA STEWART SERVICES, INC.

	Al. Gl. J. SAL AL. El. SIJ. D. A. of SALAN	
	tly filed with the Florida Dept. of State)	
P05000092793		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	is Florida Profit Corporation adopts the following amendmen	ıt(s)
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	N/A	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(Muning university MATERIAL OF CHILD IN		
	The the suder the second of the	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address		
N/A	····	
Name of New Registered Agent		
(Florida s	street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	nt: r with and accept the obligations of the position.	
		77
Signature of New	Pagistared Agent if changing	7
<u> </u>	Negisiered Agent, y changing 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	

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)	Title	<u>Name</u>	<u>Addres</u> s		
1) X Change	DPVT	ANGELA STEWART	137 SEGOVIA RD		
Add			ST AUGUSTINE FL 32086		
Remove					
2) Change	S	JOHN MCFARLANE	137 SEGOVIA RD		
X Add			ST AUGUSTINE FL 32086		
Remove					
3) Change		_			
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

N/A	ry). (Be specific)
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. If an arrandoment provides for an	avakance realessification or cancellation of issued shares
provisions for implementing the a	exchange, reclassification, or cancellation of issued shares, amendment if not contained in the amendment itself:
. If an amendment provides for an e provisions for implementing the a (if not applicable, indicate N/A	amendment if not contained in the amendment itself:
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provisions for implementing the a (if not applicable, indicate N/A	amendment if not contained in the amendment itself:
provisions for implementing the a (if not applicable, indicate N/A	amendment if not contained in the amendment itself:

	MAY 1, 2016	
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 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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 adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
DatedSignature	-p-2016 -1	_
	lirector, president of other officer - if directors or officers have not been	
	ed, by an incorporator— if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
аррол		
	ANGELA STEWART	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	