

POS00011058/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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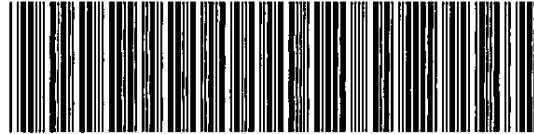
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 MAY 21 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NC

*[Handwritten signature]*

*[Handwritten signature]*

May 14, 2007

State of Florida  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**IN RE: Deliveries and Installations, Inc.  
Name Change of Corporation**

Gentlemen:


/ Madam:

Enclosed, please find the accompanying Certificate of Amendment of Articles of Incorporation.

The name of the Corporation is changed from Deliveries and Installations, Inc. to Total On-Site Maintenance Corp.

A check, in the amount of \$35.00 is enclosed to handle the processing fees. In the event that you should have any questions, or if you are in need of additional information, feel free to contact me at the address indicated below.

Sincerely,



Marian Gillis  
7722 NW 78 Place  
Tamarac, FL 33321

CERTIFICATE OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION


**FILED**  
07 MAY 21 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I, the undersigned; President, Registered Agent, Secretary, and sole Share-Holder, of Deliveries and Installations, Inc.; a Corporation organized under the laws of the State of Florida (Document Number: P05 000 110 581 Employer Identification Number: 34-205 3606), hereby certify that:

The Articles of Incorporation, of said Corporation, are hereby Amended by the following resolution adopted by the shareholder on May 11, 2007.

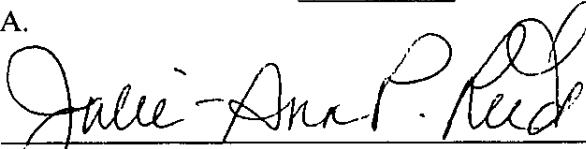
Article 1 (one) of the Articles of Corporation is hereby Amended by changing the name of the Corporation from: Deliveries and Installations, Inc. to: Total On-Site Maintenance Corp.

Signed and Dated this 15<sup>th</sup> Day of May, 2007

  
\_\_\_\_\_  
Marian Gillis, President

BEFORE ME, THIS DAY, PERSONALLY APPEARED MARIAN GILLIS WHO, UPON PRESENTING PROPER IDENTIFICATION, DEPOSES AND SAYS THAT THE STATEMENTS CONTAINED IN THE FOREGOING CERTIFICATE OF AMENMENT ARE TRUE AND CORRECT.

SWORN AND SUBSCRIBED BEFORE ME THIS 15<sup>th</sup> DAY OF MAY, 2007  
IN BROWARD COUNTY, FLORIDA.

  
\_\_\_\_\_  
Notary Public  
State of Florida-at-Large

MY COMMISSION EXPIRES: 5/4/2009

