

P05000146516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

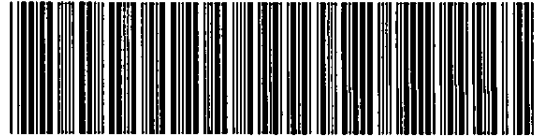
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300263398843

09/26/14--01023--010 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP 26 PM 2:58

Amend/Name
chg
@ 10/7/14

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NULIFE SERVICES INC

DOCUMENT NUMBER: P05000146516

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BINDU ADAI

Name of Contact Person

US CONTRACT SERVICES INC

Firm/ Company

12717 WEST SUNRISE BLVD #120

Address

SUNRISE, FL 33323

City/ State and Zip Code

INFO@NULIFESERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BINDU ADAI

Name of Contact Person

at (954) 281-8370

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
14 SEP 26 PM 2:58

NULIFE SERVICES INC

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

P05000146516

(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:

A. If amending name, enter the new name of the corporation:

US CONTRACT SERVICES INC

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: N/A, Florida
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

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.

Example:

X Remove V Mike Jones

X Add	SV	Sally Smith
-------	----	-------------

Title

Address

V

BINDU ADAI

12717 W SUNRISE BLVD

☒ Remove

SUITE 120

SUNRISE, FL 33323

P

SHELBY MATHEW

12717 W SUNRSIE BLVD

☐ Add

☒ Remove

SUITE 120

SUNRISE, FL 33323

V

AVA MARIANNA

12717 W SUNRISE BLVD

☒ Add

☐ Remove

SUITE 120

SUNRISE, FL 33323

P

BINDU ADAI

12717 W SUNRISE BLVD

☒ Add☐ Remove

SUITE 120

SUNRISE, 33323

☐ Add

☐ Remove

☐ Add

☐ Remove

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an 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)

N/A

The date of each amendment(s) adoption: 09/15/2014 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast 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 cast for the amendment(s) was/were sufficient for approval

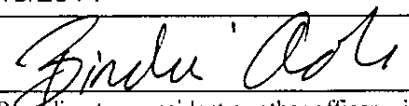
by _____,"
(voting group)

☐ 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 09/15/2014

Signature


(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)

BINDU ADAI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)