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AUG 02 2018 S. YOUNG

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	A. SALINA DRA	IN CLEANING SERVIC	ES. INC.
DOCUMENT NUME	004000019353		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	ANTHONY J. SALINA		
		Name of Contact Per	son
	A. SALINA DRAIN CLEANING SERVICES, INC.		
		Firm/ Company	
	4051 RAULERSON DRIVE		
		Address	
	LAKE WORTH, FL 33463		
		City/ State and Zip Co	ode
MIST	YNUMBERS@HOTMAIL.C	COM	
		sed for future annual repo	ort notification)
For further information	a concerning this matter, pleas	se call: 561	、567-2627
Name o	of Contact Person		Code & Daytime Telephone Number
Enclosed is a check for	the following amount made		·
S35 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)
Ame Divi P.O.	ting Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ame Divis Clift 2661	et Address Indicate the state of the state of the state of Corporations on Building Executive Center Circle than seed. FL 32301

Articles of Amendment

to

Articles of Incorporation

of

A. SALINA DRAIN CLEANING SERVICES, INC.

(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of Sta	<u>te</u>)
P06000018253			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, this Fl	orida Profit Corporation adopts the	: following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp." "Inc." or "Co	o". A professional corporation na	or the abbreviation
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appl			58 6
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)		FILE FILE
D. If amending the registered agent an new registered agent and/or the new		ss in Florida, enter the name of the	
Name of New Registered Agent	DONNA SALINA		ONIDA ONIDA
	4051 RAULERSON DRIVE	-	
	(Florida street	t address)	
New Registered Office Address:	LAKE WORTH	. Florida	33463
<u> </u>	(C.	ity)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		th and accept the obligations of the p	position.
Won	na Sales	ra	
	Signature of New Reg	gistered Agent, if changing	

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.

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	V	ANTHONY J. SALINA	4051 RAULERSON DRIVE
Add			LAKE WORTH, FL. 33463
Remove			
2) Change	1,	DONNA SALINA	4051 RAULERSON DRIVE
XAdd			LAKE WORTH, FL 33463
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		. .	-
Add			
Remove			
6) Change			
Add			Marie Transition of the Control of t
Remove			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	ticles, enter change(s) here: (Be specific)
N/A	
	
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F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
N/A	
· · · · · · · · · · · · · · · · · · ·	
<u></u>	

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		
Ellective date is apprenize.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	s block does not meet the applicable statutory filing requirements, this date will no Department of State's records.	ot be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
selec	director, president or other office. At the ctors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	inted fiduciary by that fiduciary)	
	ANTHONY J. SALINA	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	