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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Michael Buckley	Services Inc			
DOCUMENT NUM	BER: P06000081118				
	of Amendment and fee are st	ibmitted for filing.			
Please return all corre	spondence concerning this ma	itter to the following:			
	Michael Buckley				
		Name of Contact Perso	n		
	Michael Buckley Services in	c			
		Firnt/ Company			
	P.O. Box 541				
	, , , , , , , , , , , , , , , , , , , ,	Address			
	Vero Beach, FL 329 60				
		City/ State and Zip Cod	it'		
urolle	out21@gmail.com				
	E-mail address: (to be u	sed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	se call:			
Michael Buckley		561	239-1841		
Name	of Contact Person	at (561) 239-1841 Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made	payable to the Florida Dep:	artment of State:		
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 Satus Certified Copy (Additional Copy is enclosed)		
Mailing Address			Address		
	endment Section sion of Corporations	Amendment Section Division of Corporations			
	Box 6327	Clifton Building			
Talla	ihassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Michael Buckley Services Inc

(Name of Corporation as currently	filed with the Florida Dept. of State)
P06000081118	
(Document Number of C	Porporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "C word "chartered," "professional association," or the abbreviation "P	o". A professional corporation name must contain the 🥏
B. Enter new principal office address, if applicable: (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)	<u> </u>
	ξ. ξ.
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent	<u> </u>
(Florida stree	t address)
New Registered Office Address:	, Florida
	Tiy) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
Signature of More Ro	istored Ament 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)	Title	Name	<u>Addres</u> s
1) Change	S.T	Jeanne Van Trees	7000 20th St #816
Add			Vero Beach, FL 32966
X Remove			
2) Change			
Add			
Remove			
3) Change	 -		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	l sheets, if necessary).	. (Be specific)				
<u>-</u> -		·		·	<u>-</u>	
provisions for i	t provides for an exemplementing the am cable, indicate N/A)	thange, reclassific condinent if not co	ation, or cancella ntained in the an	ition of issued sha iendment itself:	res.	
						
· · · · · · · · · · · · · · · · · · ·				· 		
		- '				
						

The date of each amendment(s) adoption:	er than the
date this document was signed.	
6/1/2017 Effective date if applicable:	
(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 list document's effective date on the Department of State's records.	sted as the
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 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.	
6/01/2017	
Signature Buckley (By a director, president or other officer - it directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed tiduciary by that fiduciary)	
Michael Buckley	
(Typed or printed name of person signing)	-
President	

(Title of person signing)