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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Vandelay Industries and Investments Corporation
DOCUMENT NUMBER: <u>P07000063365</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael A. Manley Name of Contact Person
API Services, Inc. Firm/Company
19804 Wyndham Lakes Dr. Address
Orlessa FL 33556 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael A. Hanley at (813) 293-2851 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations

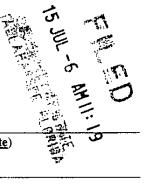
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassec, FL 32314

Articles of Amendment to Articles of Incorporation of



Vandelov ladustries and lave	stments Cor	poratrim Inc.	21	<u>. </u>
Vandelay Industries and Inve	ation as currently file	d with the Florida Dept. of State)	
PATM	0063365		***	
	cument Number of Corp	poration (if known)		
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	ida Statutes, this <i>Florid</i>	la Profit Corporation adopts the f	ollowing amend	ment(s)
A. If amending name, enter the new name of the	corporation:			
APT Services Tor.			The n	1014)
APT Services, Inc. name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co. word "chartered," "professional association," or the	orp," "Inc," or "Co".	A professional corporation nam	r the abbreviati e must contain	ion the
3. Enter new principal office address, if applicat Principal office address <u>MUST BE A STREET AI</u>				<u> </u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	B <i>OX</i>)			- - -
If amending the registered agent and/or registered new registered agent and/or the new registered Name of Nam Registered Agent		Florida, enter the name of the		_
Name of New Registered Agent				
	(Florida street ad	dress)	~ <u></u>	
New Registered Office Address:		, Florida		
New Registered Office Address.	(City)	, riorida_	(Zip Code)	_
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent	legistered Agent:	nd accept the obligations of the po	•	
	anature of New Registe	pred 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.

Example: X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Anthony Bosco	4142 Mariner Blud, #505
X Add		/	Spring Hill, FL 34609
Remove			' I
2) Change	D	Donald Siciliano	3109 Chessington Dr. Land Olakes, FL 34638
Remove			
3) X Change	P.D	MICHAEL MANLEY	
Add			
Remove			
4) X Change	VP.D	RODER BENNETT	· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
5) Change			
Add			•
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and in the amendment itself:
/*C / 7* 11 * !* . 31//	
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
Effective date <u>ir appricable</u> .	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.)
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	57	
	(voting group)	
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder	:
	dopted by the incorporators without shareholder action and shareholder	
	<i>7-5-15</i>	
DatedSignature	7-5-15 Ing Zng	
Signature (By a	director, president or other officer - if directors or officers have not been	
select	ted, by an incorporator - if in the hands of a receiver, trustee, or other court	
iş ik appoi	inted fiduciary by that fiduciary)	
, ,	Michael Maniel	
,	(Typed or printed name of person signing)	
	PRESIDENT	
***	(Title of person signing)	