P07000100088

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DIVISION OF CORRECTIONS OF THE CORRECTION OF CORRECTION OF THE COR

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COVER LETTER

TO: Amendment Section . Division of Corporations

NAME OF CORPO	RATION: INTLSERV	CORP	<u> </u>
DOCUMENT NUMI	BER: P0700010068	8	
The enclosed Articles	of Amendment and fee are sul	bmitted for filing.	
Please return all corre	spondence concerning this mat	ter to the following:	
	CRISTINA RIVER	RA	
		Name of Contact Perso	n ·
	SAFETY BUSINE	SS LLC	
		Firm/ Company	
	6220 S ORANGE	BLOSSOM TR	L. STE 600
		Address	
	ORLANDO, FL 32	2809	
		City/ State and Zip Cod	e
CR	ISTINA@SAFETY	TAX.COM	
	E-mail address: (to be us	ed for future annual report	notification)
For further information	n concerning this matter, pleas	e call:	
CRISTINA R	IVERA	_{at (} 407	888-4747
· Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



INTLSERV CORP

(Name of Corporation as currently filed with the Florida Dept. o	of State)
P07000100688	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit</i> its Articles of Incorporation:	*Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A profeword "chartered," "professional association," or the abbreviation "P.A."	o," or "incorporated" or the abbreviation
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)	
	
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	
(Florida street address)	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	, Florida
New Registered Office Address: (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 accep	at the obligations of the position
i novely accept the appointment as registered agent. I am juntitial with and accep	a me congunous of the position.
Signature of New Registered Agent, if change	ring

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>	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) Change Add X Remove	DP	BELLINI, DANTE	RUA MARECHAL FLORIAN, 27/27 PIO X CAXIAS DO SUL, RS 95020-370 BR
2) × Change Add Remove	DPT	DA SILVA, REMI A	2455 QUIET WATERS LOOP OCOEE, FL 34761
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove		·	
6) Change Add Remove			

attach additional sheets, if necessary).	(Be specific)	
		
		
f an amendment provides for an excha	nge, reclassification, or cancellation of issued s	hares,
provisions for implementing the amen (if not applicable, indicate N/A)	dment if not contained in the amendment itself	1
(4 100 544 100000 11110000 11111)		

The date of each amendment	(s) adoption: 06/20/2012
Effective date if applicable:	06/20/12
Enterive date in apprecion.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement ad 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)
	(voling group)
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated <i>Q</i>	6-20-2012 Land Silve
Se	by a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)
	Remi da Silva (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)