# P0800011295

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My Sept

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION: MAXIMUM C	CONSULTING SERVICES, I	NC.
DOCUMENT NU	JMBER: P08000011295		
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	•
BR	UCE S. TRULIO		
	(Name o	of Contact Person)	
MA	XIMUM CONSULTING S	SERVICES, INC.	
<del>-1,</del>	(Fir	m/ Company).	
241	6 LINCOLN STREET		
***************************************		(Address)	
НО	LLYWOOD FL 33020		
<del></del>	(City/ Si	tate and Zip Code)	<del></del>
For further inform	nation concerning this matter,	please call:	
BRUCE S. TRULIO		at ( 410 ) 353-44	499
(Name of Contact Person)		(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	ck for the following amount:		
☑ \$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 C	

# Articles of Amendment to ' Articles of Incorporation of

### MAXIMUM CONSULTING SERVICES, INC.

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

P08000011295

(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:

# **NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
1. CHANGE THE PRINCIPAL & MAILING ADDRESS TO:
2416 LINCOLN ST, HOLLYWOOD FL 33020
2. CHANGE THE RESIDENT AGENT NAME AND ADDRESS TO: SEE ATTACHED SHEET
3. CHANGE BRUCE S. TRULIO, PSTD ADDRESS TO:
2416 LINCOLN ST, HOLLYWOOD FL 33020
(Attach additional pages if necessary)
If an amendment provides for 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
·

(continued)

Maximum Associates, Inc. 2416 Lincoln Street Hollywood, Florida 33020 +1.410.353.4499 Ph +1.866.213.6202 Fax

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

6/5/2008

# To Whom It May Concern:

In accepting the position of Resident Agent for Maximum Consulting Services, Inc., I state that I am familiar with the duties, and obligations of the position. My Resident Agent information is as follows:

Maximum Associates, Inc. (a corporation) 2416 Lincoln Street Hollywood, Florida 33020

Sincerely

Bruce S. Trulio
President/Director
Maximum Associates, Inc.

The date of each amendment(s) adoption: 4 JUNE 2008
Effective date if applicable: 4 JUNE 2008  (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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)
BRUCE S. TRULIO
(Typed or printed name of person signing)
, DOTO
PSTD (Title of person signing)

FILING FEE: \$35