## P08000030315

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DECKELAKY OF STATE ALLAHASSEE, FLORIDA

John Slamur

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: TP Ser VICES INC Of lake Worth The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Ilservices of lake worth Inc Royal Palm Boach FC 3341)

City/ State and Zip Code Tonas hoat not For further information concerning this matter, please call: Jonas Refit From at (561) 337-9129

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: \$43.75 Filing Fee & Certificate of Status □ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

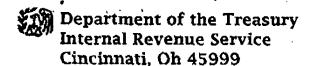
Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## **Articles of Amendment** to Articles of Incorporation of

Il Services Inc of lake Worth			
(Name of Corporation as currently filed with the Florida Dept. of State)			
P080000000315			
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:			
A. If amending name, enter the new name of the corporation:  TP Services of Lake Worth Inc.  The new			
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  Royal falm Beach			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  Royal Palm Beach FC 3847			
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:			
New Registered Office Address: (Florida street 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 accept the obligations of the position.			
Signature of New Registered Agent, if changing			



In reply refer to: 0231403558 May 19, 2009 LTR 147C

80-0242089

J P SERVICES OF LAKEWORTH INC 1252 OAKWATER DR ROYAL PLM BCH FL 33411-6106 528

Taxpayer Identification Number: 80-0242089

Form(s):

Dear Taxpayer:

This letter is in response to your telephone inquiry of May 19th, 2009.

Your Employer Identification Number (EIN) is 80-0242089. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Richard A Clore
17-55718
Customer Service Representative

## 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
(attach ad	dditional sheets, if necessary). (Be sp	pecific)	
F Ifan an	nendment provides for an exchange,	reclassification or cancell	ation of issued shaves
provisio	ons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) adoption: $95 - 19 - 8009$				
Effective date if applicable:	· 			
(no	o more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were act by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.			
The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement reach 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	" "ing group)			
(voi	ing group)			
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder			
Dated 62	T-19-09			
Signature(By a d	Jonas Reht - fure rector, 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 diduciary by that fiduciary)			
	Towas Perit-FRERE  (Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	President			
<del></del>	(Title of person signing)			