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SECRETARY OF CORPORATIONS
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MAR 24 2017 C MCNAIR

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: DIPA	ASQUALE LAWN CAR	E INC	
DOCUMENT NUMBER: P0800002	25685		
The enclosed Articles of Amendment		r filing.	
Please return all correspondence conce	erning this matter to the	following:	
TRACEY C HI	GGINBOTHAM	,	
	Name o	of Contact Person	n
HIGGINBOTH	IAM COMPANIES INC		
-	Fir	m/ Company	
3790 N US 1		mr company	
		Address	
COCOA FL 32	927		
	City/ St	ate and Zip Cod	e
TCHIGGINBOTHA	м@ніgcoinc.com		
	lress: (to be used for futu	re annual report	notification)
			,
For further information concerning this	s matter, please call:		
TRACEY C HIGGINBOTHAM		at (321	632-5726
Name of Contact Perso	n		de & Daytime Telephone Number
Enclosed is a check for the following a	amount made payable to	the Florida Depa	artment of State:
	te of Status Certif	5 Filing Fee & ied Copy ional copy is sed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

DIPASQUALE LAWN CARE INC

(Name of Cor	poration as current	ly filed with the Florida Dept. of State)
P08000025685		
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, its Articles of Incorporation:	Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of	f the corporation:	
DP PROPERTY SERVICES INC		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association,"	"Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A."
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		N/A
C. Enter new mailing address, if applicables (Mailing address <u>MAY BE A POST OFFIC</u>	CE BOX)	N/A
D. If amending the registered agent and/or r new registered agent and/or the new registered agent ag		
Name of New Registered Agent	N/A	
	(Florida st	reet address)
N = D = to to 1000 = 4 House	N/A	·
New_Registered Office Address:	N/A	(City) , Florida (Zip Code)
New Registered Agent's Signature, if changing the second state of the appointment as registered as the second seco	gent. I am familiar	with and accept the obligations of the position.
	Signature of New I	Registered 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>	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>Ac</u>	dress	
1) Change				<u> </u>		
Add				7	/	· _
Remove				/-		·
2) Change				-/ $-$		
Add			,	/ _		
Remove				•		
3) Change						
Add		<i>\</i>	$\sqrt{}$.	
Remove		1	`/A	_		,
4) Change					,	
Add				_		, -
Remove						
5) Change		- /				
Add						
Remove		/				····
6) Change		-				
Add /	/					
Remove						<u> </u>

f an amendment provides for an 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) N/A	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: If not applicable, indicate N/A)	If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)		
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N/A	N/A				
		<u>N/A</u>			
		Access Advantage Control			

	JANUARY 1, 2017	
The date of each amendment(s) adoption	n:	, if other than the
date this document was signed.		
JANUAR	Y 1, 2017	
Effective date <u>if applicable</u> :	(
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block of document's effective date on the Departm	does not meet the applicable statutory filing requirements, tent of State's records.	his date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendant for approval.	ment(s)
	by the shareholders through voting groups. The following so voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the	e amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
☐ The amendment(s) was/were adopted baction was not required.	by the board of directors without shareholder action and share	eholder
☐ The amendment(s) was/were adopted by action was not required.	by the incorporators without shareholder action and sharehold	der
Dated 3/17/17 Signature		
(By a director	r, president or other officer - if directors or officers have not	been
selected, by a	an incorporator - if in the hands of a receiver, trustee, or other	er court
appointed fid	luciary by that fiduciary)	
ROB	ERT M DIPASQUALE	
	(Typed or printed name of person signing)	
PRES	SIDENT	
	(Title of person signing)	<u> </u>