P080000 46477

	(Requestor's Name)
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Business Chity Name)
	(Document Number)
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	**
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Special instructions	s to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

. NAME OF CORPORATION: H&AS	ERVICES OF NE INC	
DOCUMENT NUMBER:P080000464	77	_F
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
	RIA E SANTIAGO	
(ivame	of Contact Person)	
	SERVICES OF NF INC m/ Company)	6
3103 SAN SA	ALVADORE AVE (Address)	T
JACKSON (City/ S	NVII.I.E.FI. 32246 US tate and Zip Code)	T
For further information concerning this matter,	please call:	
Maria E Santiago (Name of Contact Person)	at (<u>904</u>) <u>463</u> (Area Code & Daytime 1	7-6021 Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Depa	rtment of State:
\$35 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 Circ	cle

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

of H & A SERVICES OF NF INC (Name of Corporation as currently filed with the Florida Dept. of State)

ida Statutes, this <i>Florida Profit Corporation</i> an:	idopt
rnoration	
1 por auton.	
INC	
or Co.," or the designation "Corp," "Inc,"	or
<u> </u>	
	 <u>f the</u>
 	
(Florida street address)	
, Florida	
(City) (Zip Code)
	, Florida

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

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) Title Name <u>Address</u> **Type of Action** ☐ Add ____ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If 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)

:,

The date of each amendment(s) adoption: February 09, 2009		
Εf	ffective date <u>if applicable</u> :	February 09, 2009
	·	(no more than 90 days after amendment file date)
Ad	doption of Amendment(s)	(CHECK ONE)
-	The amendment(s) was/wer by the shareholders was/we	re 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 provided	re approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):
	"The number of votes of	cast for the amendment(s) was/were sufficient for approval
	by	
		(voting group)
_	action was not required. The amendment(s) was/wer	re adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
	action was not required. Dated Februa	any 09, 2009
		
	Signature	Pairo E. Son Frago a director, president or other officer – if directors or officers have not been
	selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
		—————MARIA E SANTIAGO
		(Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)