## P080000 90815

| (Requ                      | uestor's Name  | )            |
|----------------------------|----------------|--------------|
| (Addi                      | ress)          |              |
| (Addı                      | ress)          |              |
| (City/                     | State/Zip/Phor | ne #)        |
| PICK-UP                    | ☐ WAIT         | MAIL         |
| (Busi                      | ness Entity Na | me)          |
| (Doci                      | ument Number   | 7)           |
| Certified Copies           | Certificate    | es of Status |
| Special Instructions to Fi | iling Officer: | 3( :j()      |
|                            |                |              |
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AUG 0 º 2020 LALBRITTON

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR           |  | RVICES GROUP INC.  |   |
|--------------------------|--|--|---|
| DOCUMENT NUME            | P08000090875<br>BER:   |  |   |
| The enclosed Articles    | of Amendment and fee are su  | bmitted for filing.  |   |
| Please return all corres | pondence concerning this ma  | tter to the following:   |   |
|                          | Lissette Lorenzo   |  |   |
|                          | Advantage Services Group In  | Name of Contact Person   | 1   |
|                          | 17 NE 8th Place  | Firm/ Company  | ==  |
|                          | Cape Coral Florida 33909   | Address  |   |
|                          |  | City/ State and Zip Cod  | e   |
|                          | advantageservicesgrp@gmail   | Lcom   |   |
|                          | E-mail address: (to be us  | sed for future annual report                                     | notification)   |
| For further information  | n concerning this matter, pleas  | se call:   |   |
| Lissette Lorenzo         |  | 305<br>at (  | 519-4313  |
| Name o                   | of Contact Person  |  | de & Daytime Telephone Number   |
| Enclosed is a check for  | the following amount made  | payable to the Florida Depa                                      | artment of State:   |
| S35 Filing Fee           | ■\$43.75 Filing Fee & Certificate of Status                                | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)      |
| Ame<br>Divi<br>P.O.      | ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314 | Amend<br>Divisio<br>The C  | Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment

| to       |    |               |
|----------|----|---------------|
| Articles | of | Incorporation |
|          |    | of _          |

| P08000090875   | Corporation as current       |                            |                     |                |
|--|------------------------------|----------------------------|---------------------|----------------|
|  | (Document Number of          | of Corporation (if known)  | <del></del>         |                |
| Pursuant to the provisions of section 607. is Articles of Incorporation:   | 1006, Florida Statutes, this | Florida Profit Corporatio  | on adopts the follo | owing amendm   |
| A. If amending name, enter the new na  | me of the corporation:       |                            |                     |                |
|  |                              |                            |                     | The ne         |
| name must be distinguishable and contain<br>"Inc.," or Co.," or the designation "C<br>"chartered," "professional association,"             | orp." "Inc." or "Co".        | A professional corporatio  |                     |                |
| B. Enter new principal office address,   |                              |                            |                     |                |
| Principal office address <u>MUST BE A S</u>  | TREET ADDRESS )              |                            |                     | 2020           |
|  |                              |                            |                     |                |
|  |                              |                            | ·····               | <u> </u>       |
| Enter new mailing address, if appli  |                              |                            |                     | ω.<br>         |
| (Mailing address <u>MAY BE A POST (</u>  | <u>DEFICE BOX</u> )          |                            |                     | <del></del>    |
|  |                              |                            | · ·                 | 112: 38        |
|  |                              | ******                     |                     | 38             |
|  |                              | ress in Florida, enter the | name of the         |                |
|  | v registered office addres:  | S:                         |                     |                |
| new registered agent and/or the new  | registered office address    | <u>s:</u>                  |                     |                |
|  | registered office address    | <u></u>                    |                     |                |
| new registered agent and/or the new  |                              |                            |                     | _              |
| new registered agent and/or the new  Name of New Registered Agent  |                              | reet address)              |                     |                |
| new registered agent and/or the new  |                              | reet address)              | Florida             | -<br>Zin Code) |
| new registered agent and/or the new  Name of New Registered Agent  |                              |                            |                     | -<br>Zip Code) |
| new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if cl | (Florida st                  | reet address)<br>(City)    |                     | •              |
| new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:  | (Florida st                  | reet address)<br>(City)    |                     | •              |
| new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if cl | (Florida st                  | reet address)<br>(City)    |                     | •              |
| new registered agent and/or the new  Name of New Registered Agent  New Registered Office Address:  New Registered Agent's Signature, if cl | (Florida st                  | reet address)<br>(City)    |                     | •              |

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na 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:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; CEO Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each off. President, Treasurer, Director would be PTD.$ 

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. 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 Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change         | <u>PT</u>    | John Doe     |                      |
|------------------|--------------|--------------|----------------------|
| X Remove         | <u>v</u>     | Mike Jones   |                      |
| X Add            | <u>sv</u>    | Sally Smith  |                      |
| Type of Action   | <u>Title</u> | <u>Name</u>  | <u>Addres</u> s      |
| (Check One)      | VP           | Raul E. Vega | 17 NE 8th Place      |
| 1) Change        | -            |              | Cape Coral, FL 33909 |
| X Remove         |              |              |                      |
| 2) Change        |              |              |                      |
| Add              |              |              |                      |
| Remove 3) Change |              |              |                      |
| Add              |              |              | <del></del>          |
| Remove           |              |              |                      |
| 4) Change        |              |              |                      |
| Add              |              |              |                      |
| Remove           |              |              | -                    |
| 51 Change        | ·            |              |                      |
| Add              |              |              |                      |
| Remove           |              |              |                      |
| 6) Change        |              |              |                      |
| Add              |              |              |                      |
| Remove           |              |              |                      |

| (Attach additional sheets, if necessary). | rticles, enter change(s) here:<br>. (Be specific)           |
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| If an amendment provides for an exc       | change, reclassification, or cancellation of issued shares, |
| (if not applicable, indicate N/A)         | nendment if not contained in the amendment itself:          |
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| The date of each amendment(s) addate this document was signed. 04/2      | loption:, if other   |
|--|--|
| CA72<br>Effective date <u>if applicable</u> :                            | 0/20/20  |
| effective date <u>if applicable</u> :                                    | (no more than 90 days after amendment file date)   |
| Note: If the date inserted in this b document's effective date on the De | lock does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records.                   |
| Adoption of Amendment(s)   | (CHECK ONE)  |
| ■ The amendment(s) was/were add action was not required.                 | opted by the incorporators, or board of directors without shareholder action and shareholder   |
| ☐ The amendment(s) was/were add<br>by the shareholders was/were su       | opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.   |
| • • •  | proved by the shareholders through voting groups. The following statement 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)   |
|  | evoling group)   |
| Dated <u>6/18</u><br>Signature   | 12020  |
| (By a di   | rector, president or other officer – if directors or officers have not been  |
|  | d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiduciary by that fiduciary)                              |
|  | Lissette E. Lorenzo  |
|  | (Typed or printed name of person signing) President  |
|  | (Title of person signing)  |