P10000013771

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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORA	SERVICES TO TH	E MAX, INC.				
NAME OF CORPORATION: SERVICES TO THE MAX, INC. DOCUMENT NUMBER: P10000013771						
	Amendment and fee are sub	omitted for filing.				
Please return all correspondence concerning this matter to the following:						
GLENDA JONES						
		Name of Contact Person				
_	Firm/ Company					
77	7750 OKEECHOBEE BLVD, SUITE 4-422					
	Address					
W	EST PALM BEACH, FL 3	3411				
		City/ State and Zip Code				
services	ldmax@gmail.com					
		ed for future annual report	notification)			
		· · · · · · · · · · · · · · · · · · ·	,			
For further information co	oncerning this matter, pleas	e call:				
GLENDA JONES		at (⁷⁵⁴	204-8852			
Name of C	Contact Person	Area Coo	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Amend Divisio P.O. Bo	e Address ment Section n of Corporations ox 6327 ssee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SERVICES TO THE MAX, INC.

(Name of Corporation	n as currently filed with the Florida Dept. of State)
P10000013771	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the cor	poration:
	The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp." word "chartered," "professional association," or the a	"corporation," "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the bbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADD</u>)	RESS)
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>	9
B. 15 . 1 . 1 . 1 . 1 1	1 65 and 1 and 2 a
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
Name of New Registered Agent	
	(Florida street address)
V . D 100	
New Registered Office Address:	, Florida (City) (Zip Code)
New Registered Agent's Signature, if changing Registered agent the appointment as registered agent.	stered Agent: am familiar with and accept the obligations of the position.
i noreo, accept the appointment as registered agent. I	an jamila om and decept me obligations of the position.
Circum	anna of Man Pagistaval Agant 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.

X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>\$V</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	<u>s</u>	CHRISTOPHER D. BLACKMON	PO BOX 8912	
Add			PORT SAINT LUCIE, FL 34985	
X Remove				
2) Change	Т	SANDRA WILLIAMS	PO BOX 8912	
Add			PORT SAINT LUCIE, FL 34985	
X Remove		Tangela Evans		
3) Change	<u>S</u>		PO BOX 8912	
X Add			PORT SAINT LUCIE, FL 34985	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	_			
Add				
Remove				

E. If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
N/A	
•	
	
F. If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
N/A	
· · · · · · · · · · · · · · · · · · ·	
-	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this operatment of State's records.	date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were at by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendmen sufficient for approval.	1(s)
	oproved by the shareholders through voting groups. The following states or each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cas	at for the amendment(s) was/were sufficient for approval	
by		
,	(voting group)	
☐ The amendment(s) was/were action was not required.	dopted by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder	
October Dated Signature	(Adnes)	
(By a select	director, president or other officer – if directors or officers have not bee ted, by an incorporator – if in the hands of a receiver, trustee, or other co inted fiduciary by that fiduciary)	
	GLEDNA JONES	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	