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#### **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Best Sales + Service, Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Teresa A. Ferguson Name of Contact Person
Best Sales + Service, Inc.
7933 TUSCONY COURT
Tamakac Fl 33321  City/ State and Zip Code
Teresa Reales Tate & Vahav. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TERESA FERGUSON at (954) 257-6555  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:
\$35 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{Status} \text{Status} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional Copy is enclosed}} \text{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 Circle Tallahassee, FL 32301

#### **Articles of Amendment**

to

### **Articles of Incorporation**

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	of		>
Bost Col	es + Service	700	70 pg / 3
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(Name of Corporation as curre	ntly filed with the Florida I	Jept. of State)	
P100000	7/3776		14.39 p.
	ber of Corporation (if known	1)	100 Oct.
•	(	,	170
rsuant to the provisions of section 607.1006 nendment(s) to its Articles of Incorporation:	i, Florida Statutes, this Flor	ida Profit Corporation ac	lopts the follo
If amending name, enter the new name of	the corporation:		
			The new
me must be distinguishable and contain t	he word "corporation" "	company" or "incorpore	
obreviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "proj	fessional association," or the	e abbreviation "P.A."	
Enter new principal office address, if applerincipal office address MUST BE A STREE			
rincipai office adaress <u>MUST BE A STREE.</u>	( ADDKESS )		
	***************************************		
	-		
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFIC</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
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If amending the registered agent and/or re	egistered office address in F	Morida, enter the name of	<u>f the</u>
new registered agent and/or the new regis	tered office address:		<del></del>
N. 607 D. 1			
Name of New Registered Agent:		<del></del>	
New Registered Office Address:	(Florida street add	iress)	
110,555.00 0,760.7100,555	(2 FOT INC BIT CCT MAN	· C55)	
_		, Florida	
	(City)	(Zip Code)	<del></del>
		· -	
ew Registered Agent's Signature, if changin	g Registered Agent:		
nereby accept the appointment as registered ag	gent. I am familiar with and	accept the obligations of	the position.
	ionature of New Registered A	4	
.Ni	UNITIATE OF NEW REGISTERAL A	gent it 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 Address Type of Action VP Peggy Perkins

Treasurer Peggy Perkins USCON CT M(Add) 7933 Tuscary Ct Add 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: Axil 25 2010
( )	(date of bdoption is required)
Effective date <u>if applicable</u> :	
(n	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	t for the amendment(s) was/were sufficient for approval
by	oting group)
(vo	oting group)
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated	1/25-/2010
selected	director, 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 ted fiduciary by that fiduciary)
_	(Typed or printed name of person signing)
_	Register Agent (Title of person signing)