P10000016912

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Phil'S SKILLS handy Services Inc DOCUMENT NUMBER: P 10000016912 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Phil Jenthirs 2817 w Patterson st Philss Killshandy @ g nal, 1. com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Phil Jenkho at 813 422 - 3141

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:

□\$43.75 Filing Fee &

(Additional copy is

Certified Copy

enclosed)

Mailing Address

\$35 Filing Fee

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

☐\$43.75 Filing Fee &

Certificate of Status

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□\$52.50 Filing Fee

Certified Copy

(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment

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Articles of Incorporation

Phil's skil	15 handy	Service	s Inc	
· · · · · · · · · · · · · · · · · · ·		filed with the Florida De		
Pic	000001691	2		
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	5, Florida Statutes, this F	lorida Profit Corporation	adopts the following amen	dment(s) to
A. If amending name, enter the new name	of the corporation:		The .	***
name must be distinguishable and contain the "Inc.," or Co.," or the designation "Corp. "chartered," "professional association," or t	." "Inc," or "Co". A he abbreviation "P,A."	professional corporation	l" or the abbreviation "Cor	p "
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		TAMPA FL.		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		2817 W Pa TAMPA EL	Hersen St . 33614 8	— —
D. If amending the registered agent and/or new registered agent and/or the new reg		ss in Florida, enter the na	ame of the	
Name of New Registered Agent	William	P. Jenkir	<u>\</u>	ر. الرياد -
New Registered Office Address:	(Florida stree		, Florida	= -
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am familiar wij	th and accept the obligation		
Check if applicable ☐ The amendment(s) is/are being filed pursua	int 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, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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	PT	John Doe	,	
X Remove	<u>v</u>	Mike Jones	N/A	
X Add	<u>\$V</u>	Sally Smith	() ()	
Type of Action (Check One)	Title	<u>Name</u>		Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				
4) Change			<u> </u>	
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
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Remove				

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<u>ovisions</u>	for impleme	enting the am				ndment itself:	<u>cs,</u>
(if not	applicable, ii	ndicate N/A)					
	·						
					<u> </u>	 	.

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

	adoption:	, if other the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date	?)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirement of State's records.	nts, this date will not be listed
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad action was not required.	lopted by the incorporators, or board of directors without sharel	holder action and shareholder
☐ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the an sufficient for approval.	nendment(s)
must be separately provided for	proved by the shareholders through voting groups. The following group entitled to vote separately on the amendment for the amendment(s) was/were sufficient for approval	
	(voting group)	
selecte	firector, president or officer – if directors or officers have ed, by an incorporator – if in the hands of a receiver, trustee, or need fiduciary by that fiduciary)	not been other court
	(Typed or printed name of person signing)	in S
	President	
	110210011	