## P10000055316

| (Red                      | questor's Name)   |              |
|---------------------------|-------------------|--------------|
| (Add                      | lress)            |              |
| (Add                      | dress)            | <del> </del> |
| (City                     | //State/Zip/Phone | #)           |
| PICK-UP                   | WAIT              | MAIL         |
| (Bus                      | siness Entity Nam | e)           |
| (Doc                      | cument Number)    |              |
| Certified Copies          | Certificates      | of Status    |
| Special Instructions to F | -iling Officer:   |              |
|                           |                   |              |
|                           |                   |              |
|                           |                   |              |

Office Use Only



400257785784

03/17/14--01019--003 \*\*35.00

14 Mar | 7 PM 2: 13

Amend

MAR 1 8 2014 T. CARTER

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORA                      | ATION: Hospitality   | Maintenance Se   | ervices, Inc   |
|--------------------------------------|--|--|--|
| DOCUMENT NUMBI                       | ER: 004  |  |  |
|                                      | f Amendment and fee are su   | abmitted for filing.   |  |
| Please return all corresp            | ondence concerning this ma   | tter to the following:   |  |
|                                      | J  | esse M Jones   |  |
| _                                    |  | Name of Contact Person   | n  |
|                                      | Hospitalit   | y Maintenance S  | Services, Inc.   |
| _                                    | <u> </u>   | Firm/ Company  |  |
|                                      | 388  | 1 S. Nova Rd   |  |
| <del>-</del>                         |  | Address  |  |
|                                      | Port Or  | range, Florida 32  | 2127   |
| _                                    |  | City/ State and Zip Cod  | e  |
|                                      | adm  | in@hmsdaytona  | a com  |
|                                      |  | sed for future annual report                                       |  |
| For further information  Jesse Jones | concerning this matter, pleas  | se call:<br>at (   | 、453-6489  |
|                                      | Contact Person   | at (Area Co  | de & Daytime Telephone Number  |
|                                      | the following amount made  |  |  |
| ₩ \$35 Filing Fee                    | □\$43.75 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) |
| Amen<br>Divisi<br>P.O. E             | ng Address<br>dment Section<br>ion of Corporations<br>Box 6327<br>nassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address  Iment Section on of Corporations Building Executive Center Circle             |

## Articles of Amendment to Articles of Incorporation of



## Hospitality Maintenance Services, Inc.

14 MAR 17 PM 2: 13

| (Name of Composition on assembly filed with the File   |   |
|--|---|
| (Name of Corporation as currently filed with the Flo   | rida Dept. of State)  |
| (Document Number of Corporation (if  | known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:   | Clorida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |   |
|  | The new   |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "C word "chartered," "professional association," or the abbreviation "P | o". A professional corporation name must contain the            |
| B. Enter new principal office address, if applicable:  | 3881 S. Noug Rd   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  | Pt Orange Fl 32127  |
|  | •   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   |
| D. If amending the registered agent and/or registered office addressive new registered agent and/or the new registered office address:   | ss in Florida, enter the name of the                            |
|  |   |
| Name of New Registered Agent   | ······································                          |
| (Florida stree<br>New Registered Office Address: 3881 S. Nova Rd   | Pt. Orange, Florida 32127 (Zip Code)                            |
| (City)   | (Zip Code)  |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with a signature of New Registered Agent.                          |   |

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.

| Example: X Change          | <u>PT</u>    | John Doe        |                          |
|----------------------------|--------------|-----------------|--------------------------|
| X Remove                   | <u>v</u>     | Mike Jones      |                          |
| X Add                      | <u>sv</u>    | Sally Smith     |                          |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u>     | <u>Addres</u> s          |
| 1) Change                  | CEO          | William Wallace | 737 S. Gienco Rd         |
| Add                        |              |                 | New Symrna Beach, Florid |
| Remove                     |              |                 | 32168                    |
| 2) Change                  | <u>V</u>     | Robb Miller     | 709 Charing Place        |
| Add                        |              |                 | Deltona, Florida 32725   |
| Remove                     |              |                 |                          |
| 3) Change                  |              |                 |                          |
| Add                        |              |                 |                          |
| Remove                     |              |                 |                          |
| 4) Change                  |              |                 |                          |
| Add                        |              |                 |                          |
| Remove                     |              |                 |                          |
| 5) Change                  |              |                 |                          |
| Add                        |              |                 |                          |
| Remove                     |              |                 |                          |
| 6) Change                  |              |                 |                          |
| Add                        | -            |                 |                          |
| <del></del>                |              |                 |                          |
| Remove                     |              |                 |                          |

| If amending or adding additional Article (Attach additional sheets, if necessary).   | icles, enter change(s) here: (Be specific)   |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  | AND A PARTY OF THE |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| If an amendment provides for an exchange of a exchange of an exchange of an exchange of an exchange of an exchange of a exchange | hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:   |
| (if not applicable, indicate N/A)  | Administration of the uncommentation.  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| The date of each amendment(s) addate this document was signed. | loption:  | , if other than the |
|--|---|---------------------|
| •  | 2/2014  |                     |
| епеснуе оме <u>п аррпсавие</u> :                               | (no more than 90 days after amendment file date)  | <del></del>         |
| Adoption of Amendment(s)                                       | (CHECK ONE)   |                     |
| The amendment(s) was/were ado by the shareholders was/were su  | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |                     |
|  | roved 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)  |                     |
|  | (voting group)  |                     |
| The amendment(s) was/were ado action was not required.         | pted by the board of directors without shareholder action and shareholder   |                     |
| The amendment(s) was/were ado action was not required.         | pted by the incorporators without shareholder action and shareholder  |                     |
| Dated_3/12/14  |   |                     |
| Signature  | 15mm  |                     |
| selected   | irector, president or other officer – if directors or officers have not been  1, by an incorporator – if in the hands of a receiver, trustee, or other court  ed fiduciary by that fiduciary) |                     |
| ••   |   |                     |
|  | Jesse M Jones   |                     |
|  | (Typed or printed name of person signing)   |                     |
|  | President   |                     |
|  | (Title of person signing)   |                     |