2000 (dl49

(Requestor's Name)	
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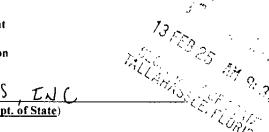
TO: Amendment Section
Division of Corporations

NAME OF CORPORATION

NAME OF CORPOR	0		SERVICES, INC
	of Amendment and fee are su		
Please return all corres	pondence concerning this ma	tter to the following:	
	MASTER TAX	OAKLAND Address NORS, FL City/ State and Zip Cod	PARK BLVI)
For further information	concerning this matter, pleas	se call:	
W A D SON Name o	HILAIRE of Contact Person	at (<u>954</u> Area Co) 588 – 1328 de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
□ \$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)
	ling Address		Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State) (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to

name must be distinguishable and conta	ain the word "corporation,	" "company," or	"incorporated" or the	The c_abbrev
"Corp.," "Inc.," or Ĉo.," or the designa vord "chartered," "professional associati	ition "Corp." "Inc." or "Ce	o". A professiona	l corporation name mu	ist conta
B. Enter new principal office address, if Principal office address MUST BE A ST				
Trincipal office datatess <u>Meest BEAST</u>	KEET ADDRESS)			
C. Enter new mailing address, if applic (Mailing address MA)' BE A POST O				
(Maning dansess MITT DE 71 TOOT O	TTEL BOX			
N. I.C. and A.				
 If amending the registered agent and new registered agent and/or the new 	registered office address:		the name of the	
Name of New Registered Agent	WADSON H	ILAIRE		
Name of New Registered Agent New Registered Office Address:	561 West OA	Kland Pane	x Blubl	
New Registered Office Address	Wilton Nan	D/ J	Florida 333 11	
	(City)	· · · · · · · · · · · · · · · · · · ·	(Zip Code)	
New Registered Agent's Signature, if chi hereby accept the appointment as registe.	anging Registered Agent			
hereby accept the appointment as registe.	red agent. I am familiar wit	h and accept the o	bligations of the positio	m.
Sign	nature of New Registered Age	on if changing		
\	, G	• Wan. a		
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Page 1 of 4

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	,
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	lo	CHARLES CAMILUS	959 SW 15+H St
Add Remove			DEErfield Beach Il. 33441
2) Change			
Add Remove			
3) Change Add			
Remove 4) Change			
Add Remove			
5) Change			
Remove			
6) Change Add			
Remove			

amending or adding additional Artitach additional sheets, if necessary)	(Be specific)			
				
				
		· · · · · · · · · · · · · · · · · · ·		
		,,,		
				
an amendment provides for an exc rovisions for implementing the amo	hange, reclassifi endment if not c	ication, or cance contained in the	ellation of issued sh amendment itself:	ares,
(if not applicable, indicate N/A)				
				
				
			· 	

The date of each amendment(s) ac	doption: <i>O2 19 20 13</i>
Effective date if applicable:	02/19/2013
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes east for the amendment(s) efficient 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 east	for the amendment(s) was/were sufficient for approval
by	
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	
Signature	Jodan It
(By Adi	rector, president or other officer - if directors or officers have not been
sciected	f. by an incorporator – if in the hands of a receiver, trustee, or other court gd fiductory by that fiduciary)
ирропа	MADSON HILAIRE
	(Typed or printed name of person signing)
_	+RECIDENT/owner
	(Title of person signing)