P10000062327

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2022 FEB 10 AM 9: 01
SECRETARY OF STATE

בריבוציור אם

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		G SERVICES, INC.				
	P10000062327 ER:					
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
,	ALFREDO MERCADO					
-	Name of Contact Person PRIME TAX SOLUTIONS LLC					
- :	Firm/ Company 50 N LAURA ST STE 2500					
-	ACKSONVILLE, FL 32202	Address				
-	The INCOGODINATE RANGE OF A VIANO	City/ State and Zip Code	:			
-	FREDO@PRIMETAXJAX.C					
	E-mail address: (to be us	ed for future annual report	notification)			
For further information	concerning this matter, pleas	se call:				
ALFREDO MERCADO		904 at (729-0372			
Name o	l'Contact Person		de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:			
S35 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)			
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303			

Articles of Amendment to Articles of Incorporation of

FILED

STAYS CLEANING SERVICES, INC. <u> 2022 FEB 10 AM 9: 09</u> (Name of Corporation as currently filed with the Florida Dept. of State) SECRETARY OF STATE P10000062327 (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 its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 140 CORRAL CIRCLE B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ST AUGUSTINE, FL 32092 C. Enter new mailing address, if applicable: 140 CORRAL CIRCLE (Mailing address MAY BE A POST OFFICE BOX) ST AUGUSTINE, FL 32092 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: PRIME TAX SOLUTIONS LLC Name of New Registered Agent 50 N LAURA ST STE 2500 (Florida street address) JACKSONVILLE New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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	<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>	Address	
X 1) Change	P	FABIOLA QUIROZ	140 CORRAL CIRCLE	
Add	_		STAUGUSTINE, FL 32092	
Remove X 2) Change	VP	MARIO MORENO	140 CORRAL CIRCLE	
Add			ST AUGUSTINE, FL 32092	
Remove 3) Change				
Add				
Remove				
4) Change	<u> </u>			
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

<u>l amendin</u>	or adding additional Artic	eles, enter change(s	s) here:		
Mtach <i>addi</i>	ional sheets, if necessary).	(Be specific)			
					
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	ment provides for an excha				
if not	for implementing the amen applicable, indicate N/A)	idilent ii not conta	inied in the amend	inent usen.	
-					
				-	
	-				
	·				

The date of each amendment(s) adoption:	if other than the
Effective date if applicable:	
(no more than 90 days after an	nendment file dater
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	ors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of vo by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gr must be separately provided for each voting group entitled to vote separately	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by	 -
(voting group)	
DatedSignature	
(By a director, president or other officer – if directo selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
MARIO MORENO	
(Typed or printed name of perso VICE-PRESIDENT	n signing)
(Title of person signing)	