## P10000065695

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: ACCEL PROCES	S SERVICE, INC.	
DOCUMENT NUMI	BER: P10000065095		
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	pondence concerning this ma	tter to the following:	
	DOLORES ANN TEDESCO	)	
		Name of Contact Perso	93
	ACCEL PROCESS SERVICE, INC.		
		Firm/ Company	
	10485 HAZEL STREET	i iiiiii Company	
	· · · · · · · · · · · · · · · · · · ·	Address	
	LARGO, FL 33778		
		City/ State and Zip Cod	c
SERV	'E@ACCELPROCESSSERV	/ICE.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
DOLORES ANN TEI	DESCO	at ( 727	492-0651
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

ACCEL PROCESS SERVICE, INC.		/inte 1/17	
( <u>Name</u>	of Corporation as curren	itly filed with the Florida Bept. of State) > 329	
P10000065095	A SECURITION OF STREET		
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607 ts Articles of Incorporation:	.1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s)	
. If amending name, enter the new n	ame of the corporation:		
		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A"	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		10485 HAZEL STREET	
		LARGO, FL 33778	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		10485 HAZEL STREET	
		LARGO, FL 33778	
). If amending the registered agent an new registered agent and/or the ne		dress in Florida, enter the name of the	
NO CHANGE OF REGI		STERED AGENT - DOLORES ANN TEDESCC	
Name of New Registered Agent			
Name of New Registered Agent	10485 HAZEL STREET		
Name of New Registered Agent		treet addressj	
Name of New Registered Agent  New Registered Office Address:			

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 afficer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
4) Change			
Add			
Remove			
<del></del>			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
	······································
for amendment are selected.	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen (if not applicable, indicate N/A)	adment if not contained in the amendment itself:
provisions for implementing the amen	adment if not contained in the amendment itself:
provisions for implementing the amen	adment if not contained in the amendment itself:
provisions for implementing the amen	adment if not contained in the amendment itself:
provisions for implementing the amen	adment if not contained in the amendment itself:
provisions for implementing the amen	adment if not contained in the amendment itself:

The date of each amendment(s) date this document was signed.	adoption:	, if other than the
•		
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 E	block does not meet the applicable statutory filing requirements, this date bepartment of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved 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 cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder	
MAY 3, 2	018	
DatedSignature	Jolon Jediso	
(By a select	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
	DOLORES ANN TEDESCO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>