## PROOBUG9

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
EFFECTIVE DATE  1/1/9					

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JAN 03 2019

S. YOUNG



December 7, 2018

PETER A MENDEZ 1ST SOS STAFFING INC 1040 BAYVIEW DRIVE #603 FT LAUDERDALE, FL 33304

SUBJECT: SCS CLEAN, INC. Ref. Number: P10000082019

We have received your document for SCS CLEAN, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

1ST SOS STAFFING, INC - P17000036089

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 318A00025195



December 18, 2018

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SUBJECT: SCS CLEAN, INC. Ref. Number: P10000082019

Thank you for your communication regarding our request to Amend the Articles of Incorporation for SCS Clean, Inc. for a change of name to 1st SOS Staffing, Inc.—P17000036089

I am president and authorized signer for both corporations, SCS Clean, Inc. and 1<sup>st</sup> SOS Staffing, Inc. We effected the dissolution of 1<sup>st</sup> SOS Staffing, Inc. with the intention of using its name for SCS Clean, In. We have no intention of revoking the dissolution, and fully release the name for use to another entity.

Kindly advise if I may provide any additional information.

Perer Mendez

Thank you

President & CEO

1st SOS Staffing, Inc.



## COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: SC S	S CLEAN, INC
DOCUMENT NUMBER:PIOOC	000 82019
The enclosed Articles of Amendment and fee are su	abmitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Peter 18t sos	Name of Contact Person)  STAFFING, INC  Firm/Company  Buyven DV #6.3  Address  endendede for 33304  City/ State and Zip Code
1040	Buyver DV #6.3
Ft. L	audurdele Fr 33304
E-mail address: (to be us	eg @ 13 505. com section future annual report notification)
For further information concerning this matter, please	se call:
Peter Mondey	at ( 954) 549-57 (4 Area Code & Daytime Telephone Number
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:
S35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certified copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

## Articles of Amendment

to

## Articles of Incorporation

of		
SCS CLEAN  (Name of Corporation as currently filed	INC	
(Name of Corporation as currently filed	with the Florida Dept, of State)	
P100000 8201	9	
(Document Number of Corpo		
Pursuant to the provisions of section 607.1006. Florida Statutes, this <i>Florid</i> its Articles of Incorporation:	a Profit Corporation adopts the follow	ring amendment(s) to
A. If amending name, enter the new name of the corporation:		
ISTSOS STAFFING INC		The new
name must be distinguishable and contain the word "corporation," "corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co", word "chartered," "professional association," or the abbreviation "P.A."	ompany," or "incorporated" or the A professional corporation name mu.	abbreviation st contain the
B. Enter new principal office address, if applicable:		·
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	Ĺ	
	<u> </u>	
C. Enter new mailing address, if applicable:	ري	26 26
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )		파 골 길
		<u> </u>
D. If amending the registered agent and/or registered office address in	Elorida outor the name of the	<b>-</b> ω
new registered agent and/or the new registered office address:	riorida, enter the name of the	
Name of New Registered Agent		
Name of New Registered Agent		_
(Florida street add	hress)	<del>_</del>
New Registered Office Address: (City)	, Florida, <i>C.</i> .	ip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with an	al accent the obligations of the position	•
т петету ассерь те арронитень их геумитей иуст, - 1 ит јатиш мин ан	ы ассерсте онаушионя от те рояшо -	τ,
Signature of New Register	red Agent, if changing	

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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	<u>uc</u>		
X Remove	$\underline{V}$	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sn	<u>uith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_		_	
Add				_	
Remove				_	
2) Change					
Add		_		_	
Remove				-	
3 ) Change				_	
Add		_			
Remove				_	
4) Change		_		-	
Add				-	
Remove				-	
5) Change		_		_	
Add				_	
Remove				-	·
6) Change		_		-	
Add				-	
Remove					

If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach additional s	<mark>ling additional Arti</mark> heets, if necessary).	(Be specific)	(5) HCI C.		
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	(if not applica	ble, indicate N/A)				
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The date of each amendment(s) adoption:	JANUARY	1- 2019	if other than the
date this document was signed.	+		
Effective date <u>if applicable</u> :	(no more than 90 days after	amendment tile de	<u>G</u>
	(no more mun 20 auxs aner	amenameni jn <b>e a</b> a	<i>u</i> -)
<b>Note:</b> If the date inserted in this block does document's effective date on the Department o		ry filing requireme	ents, this date will not be listed as the
Adoption of Amendment(s) (CI	HECK ONE)		
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for		votes cast for the a	mendment(s)
☐ The amendment(s) was/were approved by the must be separately provided for each voting			
"The number of votes cast for the ame	indment(s) was/were sufficient	for approval	
by	oting group)		
(ve	oting group)		
☐ The amendment(s) was/were adopted by the action was not required.	board of directors without sha	reholder action and	1 shareholder
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareho	lder action and sha	reholder
Dated 12 5	28		
Signature	- AC		
	sident or other officer – if directorporator – if in the hands of a		
	y by that fiduciary)	<u>, , , , , , , , , , , , , , , , , , , </u>	
	PETER A	MENDEZ	<u> </u>
	(Typed or printed name of per-	son signing)	
	PREZIDE N	T	

(Title of person signing)