

P10000083820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DR
9/9/11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BI SERVICES MAINTENANCE INC

DOCUMENT NUMBER: P10000083820

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CATHIA MATOS

Name of Contact Person

BI SERVICES MAINTENANCE IN

Firm/ Company

3015 SURFSIDE BLVD

Address

CAPE CORAL, FL 33914

City/ State and Zip Code

MATOSCATHIA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHIA MATOS

Name of Contact Person

at (786)

554-9471

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

2011 SEP -6 PM 3:43

BI SERVICES MAINTENANCE INC

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P10000083820

(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."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3015 SURFSIDE BLVD

CAPE CORAL, FL 33914

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3015 SURFSIDE BLVD

CAPE CORAL, FL 33914

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:

Name of New Registered Agent:

CATHIA MATOS

New Registered Office Address:

3015 SURFSIDE BLVD

(Florida street address)

CAPE CORAL

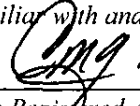
(City)

, Florida 33914

(Zip Code)

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.


Signature of New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
P	CATHIA MATOS	3015 SURESIDE BLVD CAPE CORAL, FL 33914	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	MARIA T MARTINI	4145 SW 8TH CT CAPE CORAL, FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

F. 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)
