## P10000053849

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## **COVER LETTER**

Tallahassee, FL 32314

COVER LETTER	
TO: Amendment Section Division of Corporations  NAME OF CORPORATION: FOSS SERVICES INC	
NAME OF CORPORATION: FOSS SERVICES INC	
DOCUMENT NUMBER: P 10000083849	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHRIS FOSS Name of Contact Person	
FOSS SERVICES INC	
1015 ALSTON DR	
ENGLEWECO FLA 34723 City/ State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
CHRIS FOSS == (941) 473-8723	
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  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



(Zip Code)

Articles of Incorporation

of

FOSS 5500065 | CC

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

10000083849 (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: 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address, New Registered Office Address: Florida

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

(City)

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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	_5	CHRISTOPHER MORE AU	950 CEDAR AVE ENGLEWOOD FL 34223
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add		. <u> </u>	

ach <i>uddi</i>	or adding additions ional sheets, if necess	sary). (Be specific	•)		
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The date of each amendment(s) adoption:date this document was signed.	N/V+	, if other than the
• .		
(no mo	ore than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet document's effective date on the Department of State's re		date will not be listed as the
Adoption of Amendment(s) (CHECK O	<u>'NE</u> )	
☐ The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.		nt(s)
☐ The amendment(s) was/were approved by the shareho must be separately provided for each voting group en		ement
"The number of votes cast for the amendment(s	s) was/were sufficient for approval	
by(voting grou		
(voting grou	up)	
☐ The amendment(s) was/were adopted by the board of action was not required.	f directors without shareholder action and shareho	older
The amendment(s) was/were adopted by the incorpora	rators without shareholder action and shareholder	
Dated X 7/19/17 Signature X Signature		
Signature X. Aleis	Toos	
'(By a director, president or o	other officer - if directors or officers have not be	
selected, by an incorporator appointed fiduciary by that f	r - if in the hands of a receiver, trustee, or other co	ourt
appointed indiciary by that i	inductary)	
CHRISTOI	PHER FOSS	
(Typed or	or printed name of person signing)	
_ PRESI	IDENT	
	(Title of person signing)	