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## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations FOSS SERVICES INC NAME OF CORPORATION: 1000008349 DOCUMENT NUMBER: 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 DRIVE ENGLEWOOD FL 3422

City/ State and Zip Code FOSSENTER PRISES ( COMCAST, NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (978) 302-9597
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 & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

Amendment Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

_ FOSS SERVICES	INC
·	filed with the Florida Dept. of State)
P 1000008384	19
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Clorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	The new
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	" "company," or "incorporated" or the abbreviation of the Aprofessional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TALLAHAS THE
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent	ss in Florida, enter the name of the SS 39
(Florida stree	et address)
New Registered Office Address:	, Florida
,,	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	th and accept the obligations of the position.
	)/A
Signature of New Re	gistered 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: 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)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	T	GLENN COMEAU	9271 PINECOUS DR
Add Remove			ENGLEWUCD FL 34774
2) Change Add	5	JACOB SMITH	7437 ESCONDIDOST.
Remove 3 ) Change Add			34224
Remove 4) Change			
Add			
5) Change Add Remove			
6) Change Add			
Remove			

uach <i>additional s</i>	ing additional Articles, er neets, if necessary). (Be s	pecific)		
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n amendment p	rovides for an exchange, r	eclassification, or ca	ncellation of issued	shares,
covisions for imp (if not applica	lementing the amendment le, indicate N/A)	if not contained in t	he amendment itself	<u>:</u>
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
-	
Effective date <u>if applicable:</u> (no more than 90 days after a	mandment file data)
(no more than 90 days after a	menament fite date)
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 shareholders. The number of vo by the shareholders was/were sufficient for approval.	etes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting ground must be separately provided for each voting group entitled to vote separately	oups. The following statement y on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	r approval
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without sharel action was not required.	nolder action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholde action was not required.	er action and shareholder
Dated 5/29/2018 Signature	2
Signature	~
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
Chr15	F055
(Typed or printed name of person	ı signing)
Presine	
(Title of person signi	ng)

. . . . .