

| (Red | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | ne) |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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NOV 19 2014 R. WHITE MANON 10 WII: 5

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| NAME OF CORPORATION: 4 5 SERVICE 1 INC DOCUMENT NUMBER: P 1100000 8FF1 | | | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | | | |
| Please return all correspondence concerning this matter to the following: | | | | | | |
| | | | | | | |
| Name of Contact Person Accounting a prof. SERVICES INC Firm/Company POBOX 1130 Address OCOEE, FL 34761 | | | | | | |
| PO30X 1130 | | | | | | |
| Address | | | | | | |
| Ocoee, PC 34761 | | | | | | |
| City/ State and Zip Code | | | | | | |
| | | | | | | |
| E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| F-Rux 407, 656-3883 | | | | | | |
| Name of Contact Person at (407) 656-38F3 Area Code & Daytime Telephone Number | | | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | | | |
| \$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy (Additional Copy | | | | | | |

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED

14 NOV 10 AN 11:54

| 49 J SFRUICE 1, FNC | APPENDET LOSS Y OF CLATES |
|---|--|
| (Name of Corporation as currently filed with the F | lorida Dept. of State) |
| P1100000 BBB1 | - u |
| (Document Number of Corporation (if | f known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation: | Florida 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 "(word "chartered," "professional association," or the abbreviation ". B. Enter new principal office address, if applicable: | Co". A professional corporation name must contain the P.A." 140 bl2Ackle ct |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | CASSOLDERIY, FL 32707 |
| 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 registered agent and/or the new registered office address. | |
| Name of New Registered Agent 405MAN; CIZ | .02 |
| 140 62ACH1 (Florida strong New Registered Office Address: CASSel Selly) (City) | le ct eel address) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the signature of New Registered A | yith and accept the obligations of the position. |

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) | <u>Title</u> | Name | <u>Addres</u> s |
| 1) Change | 90P | yosmani chuz | 140 brackle ct Casselberry, FL 32707 |
| Add | | | CASSELBERTY FL 32707 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | <u> </u> | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | · · · · · · · · · · · · · · · · · · · |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| ttach additional sheets, if necessary). | icles, enter change(s) here: (Be specific) |
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| an amendment provides for an exch rovisions for implementing the ame | nange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| | , if other than the |
|--|---------------------|
| date this document was signed. | |
| Effective date if applicable: ///5/14 | |
| Effective date if applicable: ///5/14 (no more than 90 days after amendment file date) | |
| | • |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. | |
| Dated_//Slipe Signature | |
| Signature All | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| | |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| President (Title of person signing) | |
| (Title of person signing) | |