# P11000011314

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
| (Ad                     | dress)             | ·           |
| (Ad                     | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | WAIT               | MAIL        |
| (Bu                     | siness Entity Nar  | me)         |
| . (Do                   | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |





300241955933

11/26/12--01024--005 \*\*43.75

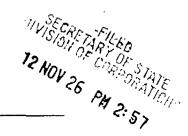
NOV 2 8 2012 T. BROWN

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|                         | RATION: Vale Clean   |  | Services Inc.   |
|-------------------------|--|--|---|
| DOCUMENT NUMI           | BER: P1100001131   | 4  |   |
| The enclosed Articles   | of Amendment and fee are su  | ubmitted for filing.   |   |
| Please return all corre | spondence concerning this ma   | atter to the following:  |   |
|                         | Marlene Valencia   | a  |   |
|                         |  | Name of Contact Perso  | n   |
|                         |  | Firm/ Company  |   |
|                         | 531 NW 36th. Av  |  |   |
|                         | Deerfield Beach,   | Address Florida 33442  |   |
|                         |  | City/ State and Zip Cod  | е   |
| vm                      | arlene@hotmail.c   | om   |   |
|                         | E-mail address: (to be u   | sed for future annual report                                       | notification)   |
| For further information | n concerning this matter, pleas  | se call:   |   |
| Marlene Vale            | encia  | at (954  | , 5511352   |
| Name o                  | of Contact Person  |  | de & Daytime Telephone Number   |
| Enclosed is a check fo  | r the following amount made  | payable to the Florida Depa  | artment 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)    |
| Ams<br>Divi<br>P.O.     | ling Address<br>endment Section<br>sion of Corporations<br>Box 6327<br>ahassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

### **Articles of Amendment Articles of Incorporation**



#### Vale Cleaning and Home Services Inc.

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

ent(s) to

| P11000011314   |                            |                                 |  |           |
|--|----------------------------|---------------------------------|--|-----------|
| (Document  | nt Number of Corporation   | (if known)                      |  |           |
| Pursuant to the provisions of section 607 its Articles of Incorporation:   | 1006, Florida Statutes, th | is <i>Florida Profit Corpor</i> | ation adopts the following                         | ; amendm  |
| A. If amending name, enter the new na  | ame of the corporation:    |                                 |  |           |
| Vale Home Services, Inc  | •                          |                                 |  | The nev   |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | nation "Corp," "Inc," or   | "Co". A professional            | incorporated" or the ab<br>corporation name must c | breviatio |
| B. Enter new principal office address,   | if applicable:             |                                 |  |           |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |                            | N/A                             |  |           |
|  |                            |                                 |  |           |
|  |                            |                                 |  |           |
| C. Enter new mailing address, if appli<br>(Mailing address MAY BE A POST)  |                            | N/A                             |  |           |
| (muning nunress <u>MAT BE A FUST</u>   | DFFICE BUX)                |                                 |  |           |
|  |                            | <del></del>                     |  |           |
|  |                            |                                 |  |           |
| D. If amending the registered agent an   |                            |                                 | the name of the                                    |           |
| new registered agent and/or the new  |                            | <u>ss:</u>                      |  |           |
| Name of New Registered Agent   | N/A                        |                                 | <u> </u>   |           |
|  |                            |                                 |  |           |
|  | (Florida :                 | street address)                 |  |           |
| New Registered Office Address:   | N/A                        |                                 | Florida  |           |
|  | (Cit                       | y)                              | (Zip Code)   |           |
|  |                            |                                 |  |           |
| N. D. I  |                            |                                 |  |           |
| New Registered Agent's Signature, if c<br>I hereby accept the appointment as regist                                  |                            |                                 | ligations of the position.                         |           |
| and approximation and region   |                            | www.www.accopt.mc               | aguirons of the pounton.                           |           |
|  |                            |                                 |  |           |

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)

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<br>(Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change                     |              | N/A         |                 |
| Add                           |              |             |                 |
| Remove                        |              |             | 4               |
| 2) Change                     |              | N/A         |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 3) Change                     |              | N/A         |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 4) Change                     |              | N/A         |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 5) Change                     |              | N/A         |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |
| 6) Change                     |              | N/A         |                 |
| Add                           |              |             |                 |
| Remove                        |              |             |                 |

| Attach additional sheet               | ts, if necessary).                    | (Be specific)                         |                                       |                      |              |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|----------------------|--------------|
| <b>/</b> A                            |                                       |                                       |                                       |                      |              |
|                                       | <u> </u>                              |                                       | · · · · · · · · · · · · · · · · · · · |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       | ·                    |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       | · · · · · · · · · · · · · · · · · · · |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       | <u> </u>                              |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       | <del></del>                           | · · · · · · · · · · · · · · · · · · · |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       | <u> </u>                              |                                       |                                       | <u> </u>             | <del></del>  |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
| <del></del>                           |                                       |                                       | · · · · · · · · · · · · · · · · · · · |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       | ·····                                 | •                    |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
| f an amendment prov                   | <u>vides for an excha</u>             | inge, reclassificat                   | on, or cancellation                   | of issued shares,    |              |
| provisions for impler                 | nenting the amen                      | dment if not cont                     | ained in the amend                    | <u>lment itself:</u> |              |
| (if not applicable,                   | , indicate N/A)                       |                                       |                                       |                      |              |
| 'A                                    |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      | <del> </del> |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
| · · · · · · · · · · · · · · · · · · · |                                       |                                       | · · · · · · · · · · · · · · · · · · · |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      | <del></del>  |
|                                       |                                       |                                       |                                       |                      |              |
|                                       |                                       |                                       |                                       |                      |              |

| The date of each amendment(s)                                     | adoption: 11/01/2012   |
|---|--|
|   | 1/01/2012  |
|   | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)  | (CHECK ONE)  |
| ☐ The amendment(s) was/were ac<br>by the shareholders was/were s  | dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |
| ☐ The amendment(s) was/were ap<br>must be separately provided for | oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes cas  | t for the amendment(s) was/were sufficient for approval  |
| by  | (voting group)   |
|   | (voting group)   |
| action was not required.  | lopted by the board of directors without shareholder action and shareholder lopted by the incorporators without shareholder action and shareholder |
| <sub>Dated</sub> 11/01  | /2012  |
| Signature   | to for LA  |
| <del>(By a</del>  | director, president or other officer - if directors or officers have not been  |
| select  | ed, by an incorporator – if in the hands of a receiver, trustee, or other court  |
| appoi   | nted fiduciary by that fiduciary)  |
|   | Julio F. La Hoz  |
|   | (Typed or printed name of person signing)  |
|   | President  |
|   | (Title of person signing)  |