P11000015110

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(Requ	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Busi	ness Entity Name	∍)
(Docu	ument Number)	
Certified Copies	Certificates o	of Status
<u> </u>	······	
Special Instructions to Fi	ling Officer:	

Office Use Only

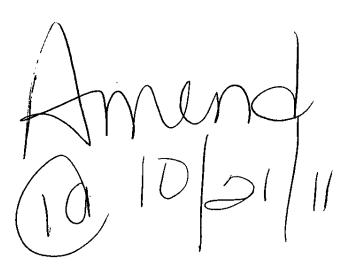


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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: <u>ACI</u>	STRYIUS GROF COLL	<u> </u>
DOCUMENT NU	JMBER: <i>P11000</i>	0015/10	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning thi	is matter to the following:	
	CHRISTOPH	lame of Contact Person	
		Firm/ Company	
		•	
		Address	
		ity/State and Zip Code MICHOP & VAHOO. Cond for future annual report notification)	
For further inform	ation concerning this matter,	please call:	
/SAAC Name	of Contact Person	at (<u>407</u>) <u>575 -</u> Area Code & Daytime Tele	7009 ephone Number
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depart	tment 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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2011

CHRISTOPHER CUBERO 7430 BENTONSHIRE AVE. WINDERMERE, FL 34786

SUBJECT: ACI SERVICES GROUP CORP

Ref. Number: P11000015110

We have received your document for ACI SERVICES GROUP CORP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 711A00022563

HECENED 11 OCT 21 MM 10: 12 MALL MINSSEE, ELONDA

Articles of Amendment to Articles of Incorporation

4	, of	a Dept. of State)
(Name of Corporation as curre		la Dent. of State)
_		<u> Dopu 0. Suns</u> ,
<u> </u>	ber of Corporation (if kno	
(Document Num	ber of Corporation (If kno	own)
Pursuant to the provisions of section 607,1006 mendment(s) to its Articles of Incorporation:	, Florida Statutes, this F	Ilorida Profit Corporation adopts the follow
A. If amending name, enter the new name of	the corporation:	
		The new
name must be distinguishable and contain to abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "prof	designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if appl	licable:	
Principal office address <u>MUST BE A STREE</u>	T ADDRESS)	
	·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
<i>4</i> 2.		
D. If amending the registered agent and/or r	egistered office address i	in Florida, enter the name of the
new registered agent and/or the new regis		
N (N D) (I)		
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
		, Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changir I hereby accept the appointment as registered a		and accept the obligations of the position.
	ignature of New Registere	ed 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) Address Type of Action <u>Title</u> Name 3003 VISTA BOLL LOOP Add 18AM NATA MEML ☐ Remove ORLANDO, FE 32822 ☐ Add ☐ Remove ☐ 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)

The date of each amendment	(s) adoption:
Effective dete if appliedbles	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	(voting group) ."
	(voting group)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	9/20/11
Signature	Chistopha O. Col
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	CHRISTOPHER D. CUBERO (Typed or printed name of person signing)
	(1 yped or printed name of person signing)
	Person
	(Title of person signing)