## P110000 43466

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: GLOBAL SERVIO	CE OF NORTH FLORIDA	INC	
DOCUMENT NUMB	ER: P11000043466			
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	GLADYS DEL VALLE			
•		Name of Contact Persor	1	
	MBA GROUP PROFESSIO	NAL LLC		
•		Firm/ Company		
	P O BOX 54573	, ,		
•	· <del></del>	Address		
	JACKSONVILLE FL 32245			
•	·	City/ State and Zip Code	2	
MBA	GLADYS@ATT.NET			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
G. DEL VALLE		at (	434-1089	
Name o	f Contact Person	at ( 904 ) 434-1089  Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
S35 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)	
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

## Articles of Amendment to Articles of Incorporation of

GLOBAL SERVICE OF NORTH FLORIDA INC.

(Name of Corpor	ration as currently t	iled with the Florida Dept	t. of State)		
P11000043466					_
(Do	cument Number of C	orporation (if known)			
Pursuant to the provisions of section 607.1006, Floats Articles of Incorporation:	orida Statutes, this FI	orida Profit Corporation ac	lopts the fo	llowing ame	ndment(s)
A. If amending name, enter the new name of th	e corporation:				
name must be distinguishable and contain the				the abbrev	
"Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	orp," "Inc," or "Co the abbreviation"P.	o". A professional corpord A."	uion name	must conta	in the
B. Enter new principal office address, if applicate (Principal office address MUST BE A STREET)			<u> </u>	. <u>.</u>	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX</u> )				
<ol> <li>If amending the registered agent and/or registered agent and/or the new register</li> </ol>		s in Florida, enter the nan	ne of the		
Name of New Registered Agent				<del></del>	
	// · · ·				
	(Florida street	(adaress)			
New Registered Office Address:	r(.	/gy)	, Florida	(Zip Code)	
			; <u>;</u> ;	28	
New Registered Agent's Signature, if changing	Registered Agent:		<del>.</del> -		17
New Registered Agent's Signature, if changing hereby accept the appointment as registered agents.	nt. I am familiar wit	h and accept the obligation	s of the pos	ritiőh.	
			-	U .	
			;-,-	_ <del>_</del> =_	
	Signature of New Rey	istered Agent, if changing	· : _ ,	1:3	

## 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, Virector 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 I Sally Smith, SV as an Add.

Example: X Change	PT Jol	h <u>n Doe</u>	
X Remove	у <u>М</u> і	ike Jones	
X Add	55 <u>Sa</u>	lly Smith	
Type of Action (Check One)	! it <u>le</u>	<u>Name</u>	<u>Addres</u> s
1) Change	1,	KARLA P AMADOR	530 PINE RD
Add X Remove			FERNANDINA BEACH FL 3203
2) Change	t	EDWARD S. BLACKBURN	10967 OAK RIDGE DR N
X AddRemove			JACKSONVILLE FL 32225
3 ) Change Add			
Remove 4) Change			
A.d.!			
Remove 5) Change			
Add			
6)Change			
Add			

	iding o <mark>r adding</mark> addi <i>Alitional sheets, if n</i>			<del></del>			
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	aundment provides 1008 for implementing						
provis (i:	<u> 1008 tor imptementi</u> Tie Capplicable, indic	ng the ament cate N/4)	ment it not co	ntained in the a	imenament its	en:	
17	· · · · · · · · · · · · · · · · · · ·						
			<del>,</del>				

	t(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	JUNE 1ST, 2017	
	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date he Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	I.
	re approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):	11
the combined so	s cast for the amendment(s) was/were sufficient for approval	
þv		
-	(voting group)	
action was not required	re adopted by the board of directors without shareholder action and shareholder	
The an indiments two second action was not required.	re adopted by the incorporators without shareholder action and shareholder	
J. N Dated	E 181, 2017	
	Carla P. Amador_	
Spinor		
	By a director, president or other officer – if directors or officers have not been deviated in a improporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	
	K NRLA P AMADOR	
	(Typed or printed name of person signing)	<del></del>
	PRESIDENT	
	(Title of person signing)	