P/100046287

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
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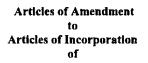
8/13/19

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: 904 Servi	ces Inc.		
DOCUMENT NUM	D 44000046			
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.		
Please return all corre	espondence concerning this ma	tter to the following:		
	Oscar Soriano			
		Name of Contact Person	n	
	904 Services II	nc.		
	And the second of the second o	Firm/ Company		
	3143 Waller St			
		Address		
	Jacksonville, F	1 32254		
	••••	City/ State and Zip Cod	e	
		•		
<u>se</u>	rvices904@yah			
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Oscar Soriano		a _{at (} 904	,460-3388	
Name of Contact Person			de & Daytime Telephone Number	
Enclosed is a check fi	or 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)	
Mailing Address		Street	Address	
	nendment Section		lment Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		Clifton Building		

Tallahassee, FL 32301





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unz	\ '	ervices.	Inc
JUT	\mathbf{C}	, I V I C C G ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

00-7 OCI VIOCO, IIIO.	
(Name of Corporation as currently P11000046287	filed with the Florida Dept, of State)
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florts Articles of Incorporation:	rida Statutes, this Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation;
	The new
	ord "corporation," "company," or "incorporated" or the abbreviation property." "Inc," or "Co". A professional corporation name must contain the he abbreviation "P.A."
B. Enter new principal office address, if applica	3143 Waller Street
Principal office address <u>MUST BE A STREET A</u>	Jacksonville, Fl
	32254
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	P.O. Box 7273
	Jacksonville, FI
	32238
new registered agent and/or the new register	tered office address in Florida, enter the name of the ed office address:
Name of New Registered Agent 3143 Waller Street	
	(Florida street address)
New Registered Office Address: Jack	sonville, Florida , Florida 32254 (City) (Zip Code)
	(City) (Zip Code)
New Registered Agent's Signature, if changing I I hereby accept the appointment as registered agen	tegistered Agent; t. I am familiar with and accept the obligations of the position.

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Si	nith	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	directo	or	K. Michael Soriano	6184 Cranberry
Add				Lane East, Jacksonville
X Remove				FI 32244
2) Change		_		
Add				
Remove				
3) Change			•	
Add				
Remove				
4) Change				
Add				
Remove				Managhar ann ann ann ann ann ann ann ann ann a
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)
•	oly and installations; Kitchen and bath renovations including granite counter top
and cabinet supply an	d installation, Bath tub refinishing and conversion; clogged drain cleaning;
and painting and tiling	j
- 	
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	•
	rovides for an exchange, reclassification, or cancellation of issued shares, lementing the amendment if not contained in the amendment itself:
(if not applicab	le, indicate N/A)
	nares issued to K. Michael Soriano.
New share	75% to Oscar B. Soriano (750 shares)
	25% to Chris M. Soriano (250 shares)

The date of each amendment(s) adoption:	612
Effective date if applicable: Effective today 8	/06/12
	90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)	
■ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	e number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to	
"The number of votes cast for the amendment(s) was/we	re sufficient for approval
_{by} Oscar Soriano- President - majori	ty share holder "
(voting group)	
☐ The amendment(s) was/were adopted by the board of director action was not required.	s without shareholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators win action was not required.	hout shareholder action and shareholder
Dated Aug. 06, 2012	
Signature	viam
	icer – if directors or officers have not been he hands of a receiver, trustee, or other court ()
Oscar Soriano	l.
(Typed or printed	name of person signing)
President	
(Title of person	n signing)