

P110000077093

| (Re | questor's Name) |) |
|-------------------------|-------------------|---------------------------------------|
| | | |
| | | · · · · · · · · · · · · · · · · · · · |
| (Ac | ldress) | |
| e we | | |
| // | ldress) | |
| (//0 | iuless) | |
| | | |
| | ty/State/Zip/Phor | ne #1 |
| (0) | youroziph no | 10 <i>II</i> / |
| - | | · · |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| | | |
| (Bı | isiness Entity Na | ime) |
| | | |
| | | |
| (Do | cument Number | ') |
| | | |
| | | |
| Certified Copies | _ Certificate | es of Status |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| ſ | | |
| | | |
| | | |
| | | |
| | | |
| 1 | | |
| İ | | j |
| L | | |

Office Use Only



800291818828

11/08/16--01010--009 **52.50

16 NOV -7 PH 1: 12

SECKETARY OF STATE DIVISION OF CONFORATIONS

NOV 1 0 2016 © MCNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

| NAME OF CORPORATION: _ | CHSS,INC. | | | | |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: P1100 | 00077093 | | | | |
| The enclosed Articles of Amendm | ent and fee are submitted for filing. | | | | |
| Please return all correspondence co | oncerning this matter to the following: | | | | |
| Steven E. E | isenberg | | | | |
| | Name of Contact Person | | | | |
| Steven E. E | Steven E. Eisenberg P.A. | | | | |
| | Firm/ Company | | | | |
| 3109 Stirlin | g Rd Ste. 101 | | | | |
| | Address | | | | |
| Ft. Lauderd | ale, Florida 33312 | | | | |
| | City/ State and Zip Code | | | | |
| · · · · · · · · · · · · · · · · · · · | Csorci e aol. com | | | | |
| , " F-mail | address: (to be used for future annual report notification) | | | | |
| D man | address. (to be used for future annual report normeation) | | | | |
| For further information concerning | this matter, please call: | | | | |
| Steven Eisenberg | 954 981-6533 | | | | |
| | at () | | | | |
| Name of Contact Po | erson Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the followi | ng amount made payable to the Florida Department of State: | | | | |
| | 75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\square{43.75}\$ Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Addres Amendment Sectorision of Corp P.O. Box 6327 Tallahassee, FL | tion Amendment Section orations Division of Corporations Clifton Building | | | | |



Articles of Amendment

to

Articles of Incorporation

of

| | КН | SS,Inc. | |
|--|----------------------------|--------------------------------|---|
| (Name o | of Corporation as curren | ntly filed with the Flor | ida Dept. of State) |
| | P110000 | 77093 | |
| | (Document Number | of Corporation (if know | wn) |
| Pursuant to the provisions of section 607, its Articles of Incorporation: | 1006, Florida Statutes, th | is <i>Florida Profit Corpo</i> | eration adopts the following amendment(s) t |
| A. If amending name, enter the new na | ame of the corporation: | | |
| | | | The new |
| name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa | iation "Corp." "Inc." or | "Co". A professiona | "incorporated" or the abbreviation I corporation name must contain the |
| B. Enter new principal office address | if annlicable: | 10348 NW 15th 5 | Street |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | Coral Springs, Fl | 33071 |
| | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 10348 NW 15th 5 | Street |
| | | Coral Springs, FI | 33071 |
| | | | |
| D. If amending the registered agent an new registered agent and/or the new | | | r the name of the |
| Name of New Registered Agent | Nancy Varillas | | |
| Hame of thew Registered Agent | 10348 NW 15TH STRE | EET | |
| | (Florida | street address) | |
| New Registered Office Address: | Coral Springs | | , Florida |
| | | (City) | (Zip Code) |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

A

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 | У | Mike Jones | |
| _X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | PTSD | Karyn Sorci | 756 St. Albans Drive |
| Add | | | Boca Raton Fl 33482 |
| X Remove | | | |
| 2) Change | PTSD | Christopher Sorci | 1953 Castle Pines |
| X Add | | | Raleigh NC 27616 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | • | |
| Damaya | | | |

| E. If amending or adding additional Artic (Attach additional sheets, if necessary). | cles, enter change(s) here: |
|--|--|
| n/a | (se specylo) |
| | |
| | |
| | |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| *************************************** | |
| provisions for implementing the ame (if not applicable, indicate N/A) | ange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself: |
| N/A | |
| | |
| | |
| | |
| | |
| | |
| | |

| The date of each amendment(s) adoption: | , if other than the |
|--|-------------------------|
| date this document was signed. | - |
| Effective date <u>if applicable</u> : | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wi document's effective date on the Départment of State's records. | ll not be listed as the |
| 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) | |
| ☐ 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 10-26-16 | |
| Signature (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) | |
| CHRISTOPHER SORCI | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |

(Title of person signing)