

P110000081272

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
IFA RELIGION SERVICES, INC.**

Certificate of Status	0
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDACRm
10-22-14

Articles of Amendment
to
Articles of Incorporation
of

IFA RELIGION SERVICES, INC.

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

P11000081272

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

SUN JANITORIAL SERVICE, CORP.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professionals' association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1172 SOUTH DIXIE HWY #398

CORAL GABLES, FL 33146

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

1172 SOUTH DIXIE #398

CORAL GABLES, FL 33146

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

GEOBATINI BOZA

1172 SOUTH DIXIE HWY #398

(Florida street address)

New Registered Office Address:

CORAL GABLES

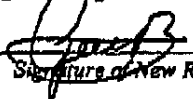
Florida 33146

(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.

x 
Signature of New Registered Agent, if changing

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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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|---|-------------|-----------------------|-------------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>PVST</u> | <u>GEOBATINI BOZA</u> | <u>1172 SOUTH DIXIE HWY</u> |
| <input type="checkbox"/> Add | | | <u>#398</u> |
| <input type="checkbox"/> Remove | | | <u>CORAL GABLES, FL 33146</u> |
| 2) <input type="checkbox"/> Change | <u>VP</u> | <u>GEOBATINI BOZA</u> | <u>1172 SOUTH DIXIE HWY</u> |
| <input type="checkbox"/> Add | | | <u>#398</u> |
| <input checked="" type="checkbox"/> Remove | | | <u>CORAL GABLES, FL 33146</u> |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | | | _____ |
| <input type="checkbox"/> Remove | | | _____ |

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 TALLAHASSEE, FLORIDA

E. If amending or adding additional Articles, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)

CLEANING SERVICE

SECRET
TALAMASSEE, IDA

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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: 10/21/2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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

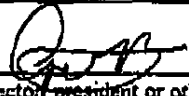
by _____
(voting group)

☐ 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 10/21/2014

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)

GEOBATINI BOZA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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