# P12,00019102

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FILED
2018 AUG 30 AM II: 22
SECRETARY OF STATE

C. GOLDEN SEP - 5 2018

#### **COVER LETTER**

Division of Corporations	
NAME OF CORPORATION: FIVE STAR RESTORATION SERVICES / NO DOCUMENT NUMBER: P12000019102	1
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:  MICHAEL REED  Name of Contact Person  FIVE, STAR, RESTORATION SERVICES INC.  Firm/ Company  P. O. BOX 1358  Address  Address  Chy/ State and Zip Code  MICHAEL REED & FIVE STARRESTIP SERVICES. Com  E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MicHAEL REUD at 407 335-1922  Name of Contact Person Area Code & Davis T. L. L. Williams	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
another made payable to the Florida Department of State:	
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)	

### **Mailing Address**

TO: Amendment Section

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

FIVE STAR RESTORATION	1 SERVICES INC.
	tly filed with the Florida Deptt of State)
F12000019102	· · · · · · · · · · · · · · · · · · ·
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation"	The new
Corp., Inc., or Co., or the designation "Corp." "Inc." or	"Co". A professional corneration name must contain do
word "chartered," "professional association," or the abbreviation	'P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	$\Lambda I/A$
D. If amending the registered agent and/or registered office addr	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	255 m x northan, enter the name of the
Name of New Registered Agent	
(Florida stre	et address)
· ·	
New Registered Office Address:	(City) (Zin Code)
·	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
, /	
$\mathcal{N}/\mathcal{A}$	က <b>2</b>
Signature of New Re	rgistered 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 = ChiefExecutive 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 Jot</u>	nn Doe	
$\underline{X}$ Remove	<u>V</u> <u>Mi</u>	ke Jones	
$\underline{X}$ Add	<u>SV</u> <u>Sal</u>	<u>ly Smith</u>	
Type of Action (Check One)	Title	Name	Address
1) Change	<u>PS</u>	Michael REED	NA
Add  Remove			
2) Change	P.3_	MARIYLN REED	NA
Remove 3) Change			
Add			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Add			

(Attach additional sheets, if necessar)		
1/A		
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an amendment provides for an exc	home water of the	
The state of the s	endment if not contain 1	non of issued shares, endment itself:
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The state of the s	enoment is not contained in the am	

date this document was signed.	Joption:	, if other thar
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date partment of State's records.	e will not be listed as
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
☐ The amendment(s) was/were appromust be separately provided for	roved by the shareholders through voting groups. The following statemen each voting group entitled to vote separately on the amendment(s):	rt
"The number of votes cast I	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adoption was not required.	oted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adoptaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated	3/23/2018	
Signature	hichael keex	
(By a dir	ctor, president or other officer - if directors or officers have not been	<del></del>
selected	by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
арроппе	MicHAEL REED	
	(Typed or printed name of person signing)	
_	PRESIDENT	
	(Title of person signing)	

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the