P12000000018

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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08/08/12--01007--018 **35.00



0/14/18

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: Cleaning Happ	oy, Inc.			
	ER: P12000020048				
	*. of Amendment and fee are su	abmitted for filing.			
Please return all corres	pondence concerning this ma	atter to the following:			
ļ	Kenia Muniz				
		Name of Contact Person	n		
(Cleaning Happy, Inc.				
•	3 · · · · · · · · · · · · · · · · · · ·	Firm/ Company			
-	Address				
		City/ State and Zip Cod	e		
	ninghappy@cleaningh E-mail address: (to be us concerning this matter, pleas	sed for future annual report	notification)		
Kenia Muniz		_{at (} 407	₎ 470-9923		
Name of Contact Person			de & Daytime Telephone Number		
Enclosed is a check for	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 Amendment Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314		Amend Divisio Clifton	Address Iment Section on of Corporations Building		

Tallahassee, FL 32301

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' Articles of Amendment to Articles of Incorporation

cles of Incorporation of

Cleaning Happy, Inc.	- DV 0: 01
(Name of Corporation as currently filed with the Flo	— · · · · · · · · · · · · · · · · · · ·
P12000020048	SECRETARY OF STATE TALLAHASSEE FLORIDA
(Document Number of Corporation (if I	(nown) TALLAHASSEL FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statutes, this Fits Articles of Incorporation:	lorida 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, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	702 Del Rio Way
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Kissimmee, FL 34758
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO BOX 772672
	Orlando, FL 32877
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
Name of New Registered Agent Kenia Muniz, CEO	
702 Del Rio Way	
(Florida stree	t address)
New Registered Office Address: Kissimmee	, Florida 34758
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Signature of New Registered Ag	ent, 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 <math>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 D	<u>oe</u>	FILING CANCELLED RETURNED CHECK	
X Remove	<u>v</u>	Mike Jo	ones		
X Add	<u>sv</u>	Sally S	mith	ICLIC	SIGNED CHECK
Type of Action (Check One)	<u>Title</u>		Name		Address
1) Change	<u>P</u>	_	XAVIER MARRIOT	I	
Add					
X Remove			•		
2) Change	<u></u>	_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
- 					
6) Change		_		· · · · · · ·	
Add					****
Remove					

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L. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
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		•	
·			
If ar	n amendment provides for an excl	nange, reclassification, or cancellation of issue	d shares.
pro	ovisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment its	elf:
	(g viet apprication, material 1111)		

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The date of each amendment(s) a	doption: <u> </u>	——————
Effective date <u>if applicable</u> :	81112	
	(no more than 90 days after amendment	file date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for ufficient for approval.	r the amendment(s)
	proved by the shareholders through voting groups. The reach voting group entitled to vote separately on the an	
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	"
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action	on and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action ar	ıd shareholder
Dated	1-12	
selecte	director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, trus	
appoin	nted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	***************************************