P12000023201

(Re	questor's Name)				
(Ad	dress)				
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(Cit	ty/State/Zip/Phone#)			
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(Bu	isiness Entity Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: VIP GENDOCUMENT NUMBER: P12000023		CES INC
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
ALESSANDRO	R DE FREI	ΓAS
	Name of Contact Perso	nn
5792 NW ZEN	Firm/ Company	
	Address	
PORT SAINT I		
	City/ State and Zip Coo	le
JR@TAXCONTR		
E-mail address: (to be us	sed for future annual repor	t notification)
For further information concerning this matter, please	se call:	
ALESSANDRO R FREITA	NS _{at} 954	,270 5081
Name of Contact Person	·Area Co	ode & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:
■ \$35 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 Tallahassee, FL 32314	Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

VIP GENERAL SERVICES INC	•	
(Name of Corporation as currently filed with the FP 12000023201	lorida Dept. of State)	•
(Document Number of Corporation (i	f known)	-
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	rioriaa rrojit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation: ADZ GENERAL SERVICES INC		The new
name must be distinguishable and contain the word "corporation" (Corp., "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	Co". A professional corporation name must of	_ bbreviation
B. Enter new principal office address, if applicable:	5792 NW ZENITH DR	
(Principal office address MUST BE A STREET ADDRESS)	PORT SAINT LUCIE FL	
	34986	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5792 NW ZENITH DR	_
	PORT SAINT LUCIE FL	
	34986	-
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	ess in Florida, enter the name of the	
Name of New Registered Agent		
5792 NW ZEI	NITH DR	J
(Florida str. New Registered Office Address:	LUCIE Florida 34986	SECU NASSO
(City)	(Zip Code)	GREAR) MAR -3
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	i. with and accept the obligations of the position.	WHII:
Signature of New Registered A	Igent, if changing	기 등류

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	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			-
Add Remove			
2) Change	•=		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	_		
Add			
Remove			
6) Change			
Add			
Remove			

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an amendmei	nt provides for an ex- implementing the an	<u>change, reclassi</u>	fication, or ca	ncellation of is	sued shares	1
(if not appl	licable, indicate N/A)	tenument it not	Contained in	ne milenamen	· · · · · · · ·	
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The date of each amendment	(s) adaption. 02/28/2014	, if other than the
date this document was signed		, n omer man me
Effective date <u>if applicable</u> :	02/28/2014	
Breene date <u>ii appreasie</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_02/2	28/2014	
Signature	A rem	
	By a director, president or other officer - if directors or officers have not been	_
	elected, by an incorporator – if in the hands of a receiver, trustee, or other court oppointed fiduciary by that fiduciary)	
	ALESSANDRO R DE FREITAS	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	_