P12000081113

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Amendicus (108.14.13

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FIVE STAF	R FINANCIAL SE	ERVICES INC
DOCUMENT NUMBER: P1200006866	33	
The enclosed Articles of Amendment and fee are so		
Please return all correspondence concerning this ma	atter to the following:	
FRED PICKETT		
	Name of Contact Person	n
FIVE STAR FINA	ANCIAL SERVIC	ES INC
	Firm/ Company	
P.O. BOX 2808		
	Address	
BELLE GLADE F	FL. 33430	
	City/ State and Zip Cod	e
PICKETTFRED@AG	DL.COM	
	sed for future annual report	notification)
For further information concerning this matter, plea	se call:	
FRED PICKETT	at (561	257-8814
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FIVE STAR FINANCIAL SERVIC	ES INC		
(Name of Corporation as currently file	ed with the Florida De	ot. of State)	
P12000068663			
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the cor	poration:		
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "projessional association," or the a	"Inc," or "Co". A p.		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDR</u>	RESS)		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		13 71/2 72 33
D. If amending the registered agent and/or registered new registered of		rida, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		Florida	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Regis I hereby accept the appointment as registered agent. I described to the signature of New		· · · · · · · · · · · · · · · · · · ·	

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	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	BRANDHI SHAW	1106 VIRGINIA AVE
Add			CLEWISTON, FL. 33440
X Remove			
2) Change	VP	RENEE BUCKLE	1115 VIRGINIA AVE
X Add			SOUTH BAY FL. 33493
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding ad Attach additional sheets, ij	f necessary).	(Be specific)	<u>içi C</u> .		
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lf an amendment provide	es for an exch	ange, reclassification,	or cancellation of	issued shares.	
provisions for implemen (if not applicable, ind	ting the amer	idment if not contain	ed in the amendm	ent itself:	
				·	·- <u>-</u>
				· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:	, if other than the
date this document was signed. Effective date if applicable: AUGUST 2ND 2013	
(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 AUGUST 2ND 2013	
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)	_
(Typed or printed name of person signing) PResident (Title of person signing)	-
Phosicles L	
(Title of person signing)	_