# P1200083910

| (Requestor's Name)   |          |
|--|----------|
| (Address)  | 200240   |
| (Address)  (City/State/Zip/Phone #)                        |          |
| PICK-UP WAIT MAIL  | 10/08/12 |
| (Business Entity Name)                                     |          |
| (Document Number)  Certified Copies Certificates of Status |          |
| Special Instructions to Filing Officer:                    |          |
|  |          |
| Office Use Only  |          |



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## COVER LETTER

**TO:** Amendment Section Division of Corporations

1 1

| NAME OF CORPORATION:                              | SHAY HOU   | SEHOLD                                     | SERV   | ICES, INC.  |
|---|--|--|--|---|
| DOCUMENT NUMBER: P12                              | 200008391  | 0  |  |   |
| The enclosed Articles of Amendm                   |  |  |  |   |
| Please return all correspondence of               | oncerning this mat   | ter to the followin                        | ng:  |   |
| STEPI   | HEN BROW   | VN   |  |   |
|   | ,  | Name of Conta                              | act Person   |   |
| BROW  | /N & RICE,   | P.A.                                       |  |   |
|   |  | Firm/ Con                                  | npany  |   |
| 2202 (  | CURRY FO   | RD ROAD                                    | SUITE  | <u> </u>  |
|   |  | Addre                                      | SS   |   |
| ORLA  | NDO, FLOF  | RIDA 3280                                  | 6  |   |
|   | City/ State and Zip Code   |  |  |   |
| STEPHEN   | I@BWRAT  | TORNEYS                                    | S.COM  |   |
| E-mai   | address: (to be use  | ed for future annu                         | al report n  | otification)  |
| For further information concerning                | g this matter, please  | e call:                                    |  |   |
| STEPHEN BROWN                                     |  | at (4)                                     | 07   | 956-2172  |
| Name of Contact Person                            |  |  | Area Code  | & Daytime Telephone Number  |
| Enclosed is a check for the follow                | ing amount made p  | payable to the Flor                        | rida Depart  | ment of State:  |
|   | 75 Filing Fee & ificate of Status  | S43.75 Filing Certified Cop (Additional co | у  | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Amendment Sec<br>Division of Cor<br>P.O. Box 6327 | Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |  | ent Section of Corporations suilding ecutive Center Circle |   |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2012

STEPHEN BROWN BROWN & RICE, P.A. 2202 CURRY FORD ROAD, SUITE E ORLANDO, FL 32806

Time (

SUBJECT: SHAY HOUSEHOLD SERVICES, INC.

Ref. Number: P12000083910

We have received your document for SHAY HOUSEHOLD SERVICES, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please provide us with the officer signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 412A00025095

#### Articles of Amendment **Articles of Incorporation** of



## SHAY HOUSEHOLD SERVICES, INC.

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

| <b>P1</b> | 20 | nn | ΛR     | 30    | 10 |
|-----------|----|----|--------|-------|----|
|           |    |    | 1 // 1 | . 1.7 |    |

ent(s) to

| (if known)  |
|---|
| is Florida Profit Corporation adopts the following amendm   |
| The ne  |
| tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the "P.A." |
| N/A   |
| N/A   |
| dress in Florida, enter the name of the   |
| street address)   |
| , Florida   |
| (y) (Zip Code)  |
| nt:  Ir with and accept the obligations of the position.  |
|   |

Signature of New Registered 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 = 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 Do     | <u>oe</u>   |                                       |
|-------------------------------|--------------|-------------|-------------|---------------------------------------|
| X Remove                      | <u>v</u>     | Mike Jo     | nes         |                                       |
| X Add                         | <u>sv</u>    | Sally Sn    | <u>nith</u> |                                       |
| Type of Action<br>(Check One) | <u>Title</u> |             | <u>Name</u> | Address                               |
| l)Change                      |              | _           |             |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
| 2) Change                     |              | _           |             |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
| 3) Change                     |              | _           |             |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
| 4) Change                     |              | <del></del> |             |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
| 5) Change                     |              |             |             |                                       |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |
|                               |              |             |             |                                       |
| 6) Change                     |              |             |             | · · · · · · · · · · · · · · · · · · · |
| Add                           |              |             |             |                                       |
| Remove                        |              |             |             |                                       |

| E. If amending or adding additional Art   | icles, enter change(s) here:                               |
|---|--|
| (Attach additional sheets, if necessary). | (Be specific)  |
| N/A                                       |  |
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| F. If an amendment provides for an excl   | hange, reclassification, or cancellation of issued shares, |
| provisions for implementing the ame       | endment if not contained in the amendment itself:          |
| (if not applicable, indicate N/A)         |  |
| N/A                                       |  |
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| The date of each amendment(s) adoption: 10/04/2012  |
|---|
| Effective date if applicable: 10/05/2012  |
| (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"   |
| 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 10/04/2012  |
|   |
| 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) |
| STEPHEN BROWN   |
| (Typed or printed name of person signing)   |
| INCORPORATOR  |
| (Title of person signing)   |