

PI 3000039323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N/C
&
AMEND

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Verified Services Corporation

DOCUMENT NUMBER: P13000039323

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gina R. Chevallier, Esq.

Name of Contact Person

Law Office of Gina R. Chevallier, PA

Firm/ Company

9655 S. Dixie Highway, Suite 312

Address

Miami, Florida 33156

City/ State and Zip Code

gina@chevallierlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Chevallier

at (305) 974-1490

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2017

GINA R. CHEVALLIER, ESQ.
LAW OFFICE OF GINA R. CHEVALLIER, PA
9655 S. DIXIE HIGHWAY, SUITE 312
MIAMI, FL 33156

SUBJECT: VERIFIED SERVICES CORPORATION
Ref. Number: P13000039323

We have received your document for VERIFIED SERVICES CORPORATION, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

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.

Darlene Connell
Regulatory Specialist III

Letter Number: 317A00002055

RECEIVED

17 FEB 16 PM 3:03

REGISTRY

Law Office of Gina R. Chevallier, P.A.

9655 S. Dixie Highway, Suite 312, Miami, Florida 33156 | Tel. 305-974-1490 | Fax 305-974-1965

January 24, 2017

Florida Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

Re: VS Carbonics Fictitious Name Cancellation – G15000007267
Name Change Amendment for Verified Services – P13000039323

Dear Sir or Madam

Enclosed please find a Fictitious Name Cancellation for VS Carbonics. The holder of the fictitious name would like to change the name of his corporation to the name now being used by the fictitious name and cancel the fictitious name for ease of accounting and administration.

If you have any questions regarding this request, please feel free to call 305-974-1490 or e-mail me at the address below.

Sincerely



Gina R. Chevallier, Esq.
gina@chevallierlaw.com

Articles of Amendment
to
Articles of Incorporation
of

FILED
17 FEB 16 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VERIFIED SERVICES CORPORATION

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

P13000039323

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

VS CARBONICS, INC.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the 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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent GINA CHEVALLIER, ESQ

9655 S DIXIE HIGHWAY, SUITE 312

(Florida street address)

New Registered Office Address: MIAMI, Florida 33156
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar 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 PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

12/30/2016

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

12/30/2016

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

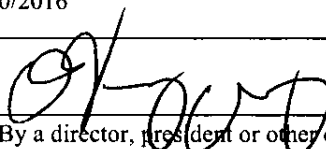
by _____."
(voting group)

- ☐ 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.

12/30/2016

Dated _____

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)

DIOSDADO VAZQUEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)