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PICK-UP WAIT	MAIL
(Business Entity Name)	
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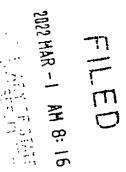
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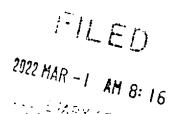
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: 3 WAY SERVICE	S CORPORATION	
DOCUMENT NUM	BER: P13000051286		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	Anthony Webb		
		Name of Contact Person	1
	3 Way Services Corporation		
		Firm/ Company	
	8687 West Irlo Bronson Men	norial Hwy, Ste 101	
		Address	
	KISSIMMEE, FL 34747		
		City/ State and Zip Cod	2
	anthony.webb@3way.co.uk		
	E-mail address: (to be us	sed for future annual report	notification)
For further informati	on concerning this matter, pleas	se call:	
Anthony Webb		at (⁴⁰⁷	749-7596 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	niling Address nendment Section Prision of Corporations D. Box 6327 Ilahassee, FL 32314	Amend Divisio The Co	Address ment Section n of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



3 WAY SERVICES CORPORATION

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

(Name of Corporati	ion as currently filed with the Florida Dept. of State)
P13000051286	
(Docum	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridatist Articles of Incorporation:	la Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the co	orporation:
name must be distinguishable and contain the word "co "Inc.," or Co.," or the designation "Corp," "Inc, "chartered." "professional association," or the abbre	The new corporation," "company," or "incorporated" or the abbreviation "Corp"," or "Co". A professional corporation name must contain the word eviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
(Timesput office address <u>stoot to Abinabe too</u>	
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u></u>
D. If amending the registered agent and/or registe new registered agent and/or the new registered	red office address in Florida, 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 Reg	gistered Agent:
I hereby accept the appointment as registered agent.	I am familiar with and accept the obligations of the position.
Sign	nature 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.

X Change	<u>PT</u>	John Doe	
X Remove	Y	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	V	CHRIS WEBB	8687 West Irlo Bronson Memorial Hwy
Add			Suite 101
X Remove			Kissimmee, FL 34747
2) Change	<u>v</u>	LUCY WEBB	8687 West Irlo Bronson Memorial Hwy
X Add			Suite 101
Remove 3) Change			Kissimmee, FL 34747
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	or adding addit ional sheets, if ne	ecessary). (Be	specific)			
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i an ameno	ment provides in	or an exchange, a the amendmen	reclassification,	or cancellation of d in the amendme	nt itself:	
(if not	applicable, indica	ue N/A)	It if hor containe	o in the mineral		
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The date of each an date this document w	reas signed.
Effective date <u>if ap</u>	alicable:
Effective date in app	(no more than 90 days after amendment file date)
Note: If the date in document's effective	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
Adoption of Amend	ment(s) (CHECK ONE)
☐ The amendment(s action was not rec	a) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder quired.
The amendment(s by the shareholde	i) was/were adopted by the shareholders. The number of votes east for the amendment(s) ers was/were sufficient for approval.
☐ The amendment(s must be separate	s) was/were approved by the shareholders through voting groups. The following statement by provided for each voting group entitled to vote separately on the amendment(s):
"The numbe	er of votes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
. -	(voting group)
Da	nted
Çi,	gnature Acceptance
31	(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)
	ANTHONY WEBB
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)