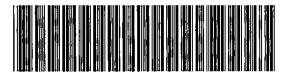
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(Requestors Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: Frank Advised to Chank Manu on Form to: Richmont Rescurce			

Office Use Only



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SECRETARY OF STATE

Anund Mame
101/24/14

COVER LETTER

Division of Corporations
NAME OF CORPORATION: AT MANAGEMENT Services DOCUMENT NUMBER: P130000 62046
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ANDY Tele TOYOCH
PC TecH Help
1300 N. Fe Deral Highway Suite 105
BOC9 RITON, FL 33432
F191KD 410 @ G-MA1L, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Frank Anthony at 954, 258-3281
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 Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

TO: Amendment Section

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

Articles of Amendment

Articles of Incorporation of

H) Managen	hent Cervices INC
(Name of Corporation as currently filed w	vith the Florida Dept. of State)
P 130000 6	2046
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
"Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbreviate new principal office address, if applicable:	The new corporation," "company," or "incorporated" or the abbreviation (nc," or "Co". A professional corporation name must contain the revisition "P.4"
(Principal office address <u>MUST BE A STREET ADDRES</u>	1300 N. Federal Highway Suite 105 Bocg Raton, FL 33432
	BOLG 119/010, FL 33430
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	
Name of New Registered Agent	ज हिंदी
Name of New Negisierea Agent	70 70 70 70 70 70 70 70 70 70 70 70 70 7
	(Florida street address)
New Registered Office Address:	يَّ جَاءِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ اللَّهِ عَلَيْهِ
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	ed Agent:
i nerevy accept the appointment as registered agent. I am	затина мин ана ассері іне обиданонз ој те розінон.
Signature of New Pe	egistered 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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add Remove \$			
2) Change			
Add .			
Remove			
3) Change			
\ \ \ \			
Remove			
4) Change		_	
Add u		•	
Remove			<u></u>
5) Change			
Add			
Remove			
6) Change			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
,	
%	
·	
>	
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	
<u>u</u>	

The date of each amendment(s) adopted date this document was signed. Effective date if applicable:	ion:	, if other than the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) ent for approval.	
	ed by the shareholders through voting groups. The following statement h voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for t	he amendment(s) was/were sufficient for approval	
by	(voting group)	
<u></u>	(voting group)	
action was not required. The amendment(s) was/were adopted action was not required. Dated Signature (By a direct selected, by	by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder cor, president or other officer – if directors or officers have not been an incorporator – if in the hands of a receiver, trustee, or other court iduciary by that fiduciary) TelaToVicH (Typed or printed name of person signing) (Title of person signing)	