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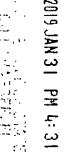
(Requ	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phone	e #)
PICK-UP		MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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TQ: Amendment Section

Division of Corporations

NAME OF CORPORATION: CHRIS SERIGNESE INC DOCUMENT NUMBER: P13000080710 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Chris Serignese Name of Contact Person Chris Serignese Inc Firm/ Company 220 Weber St Address Orlando, FL 32803 City/ State and Zip Code CHRIS ETAEOFAMERICA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 325-3369

Area Code & Daytime Telephone Number Chris Serignese Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **□\$43.75** Filing Fee & **□\$43.75** Filing Fee & **■\$**52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

CHRIS SERIGNESE INC			
(Name of Corporation as curren	tly filed with the Florida Dept.	of State)	
P13000080710			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation ado	pts the following amendme	ent(s) to
A. If amending name, enter the new name of the corporation:			
CDS Restoration Services, Inc.		The new	w
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporati		
B. Enter new principal office address, if applicable:	220 Weher St	. 26	
(Principal office address MUST BE A STREET ADDRESS)	Orlando, FL 32803	19	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		<u></u> ± ω	197 121 1111
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O Box 2276	PM	5 [7]
<u> </u>	Winter Park, FL 32790	- FE 3	مدين
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre		of the	
Name of New Registered Agent			
·	street address)	22002	
New Registered Office Address: 220 Weber St, Orlando		Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.		of the position.	
NA			
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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>		Address
1) MA Change			· · · · · · · · · · · · · · · · · · ·	
Add				
Remove				
2) Change		<u> </u>		
Add			•	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

C. If amending or adding additional Arti- (Attach additional sheets, if necessary).	(Be specific)
N/A	
~ ^	
. If an amendment provides for an excl	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
N/A	
N/A	

The date of each amendment(s) a	doption:		, if other than the
date this document was signed.			
Effective date <u>if applicable</u> :	01/29/19		
Effective date it application	(no more than S	90 days after amendment file date)	
Note: If the date inserted in this lead ocument's effective date on the De		icable statutory filing requirements, this date wil	I not be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were add by the shareholders was/were so		ne number of votes cast for the amendment(s)	
		rough voting groups. The following statement o vote separately on the amendment(s):	
"The number of votes cast	for the amendment(s) was/we	ere sufficient for approval	
by			
, <u> </u>	(voting group)		
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors	s without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators wit	thout shareholder action and shareholder	
01/29/2019	,		
Dated	2/Ain		
(By a c		icer – if directors or officers have not been he hands of a receiver, trustee, or other court /)	
	Christopher Serignese		
	(Typed or printed	I name of person signing)	· · · · · · · · · · · · · · · · · · ·
	President		
	(Title	of person signing)	<u></u>

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