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SECRETARY OF STATE TALL AHASSET, FLORIDA

EWIS

C. LEWIS

NOV 8 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	D1200000201	ALTY SERVICE	S INC
_ + +	Amendment and fee are sub		
·	ondence concerning this mat	_	
•	_	-	
	UZ ELENA STR	Name of Contact Person	
_		Firm/ Company	
<u> </u>	3209 EL MORRO		
	JACKSONVILLE,	Address	
_	ACROCITY ILLL,	City/ State and Zip Code	<u> </u>
NEN	IACALENA@YAI		
INLI		ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
LUZ ELENA S	STRAUB	at (904	, 524-3315
Name of	Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment 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)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

APPROYEU AND FILED

Articles of Amendment to Articles of Incorporation of

13 NOV -5 AM 10: 39

LES SPECIALTY SERVICES INC

SECRETARY OF STATE TALL AHASSEE FLORIDA

(Name of Corporation as currently filed with the Flo	rida Dept. of State)	· Egraps
P13000083818		
(Document Number of Corporation (if k	(nown)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Florid	orida Profit Corporation adopts the following	g amendment(s) to
A. If amending name, enter the new name of the corporation: NOVA SERVICES, INC		The new
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must o	bbreviation
B. Enter new principal office address, if applicable:	3209 EL MORRO DR E	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32277	•
C. Enter new mailing address, if applicable:	THE SAME	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		-
		- ريلان چي
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Florida, enter the name of the	
Name of New Registered Agent		
(Florida stree	address)	
New Registered Office Address:	, Florida	_
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi Signature of New Registered Agent		

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>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change				
Add				
Remove				
2) Change	<u> </u>	_		
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		<u></u>	·	
Add				
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

amending or adding additional Arti- ttach additional sheets, if necessary).	(Be specific)				
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an amendment provides for an exchorovisions for implementing the ame	ange, reclassification	<u>ition, or car</u> ntained in tl	<u>icellation (</u>	<u>of issued sh</u> nent itself:	ares.
(if not applicable, indicate N/A)	and the total	negative til ti	ic amendi	incint itsemi	
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13 NOV -5 Alf Wellegthan the The date of each amendment(s) adoption: 11/01/2013 date this document was signed. 10/25/2013 Effective date if applicable: (no more than 90 days after amendment file date) (CHECK ONE) Adoption of Amendment(s) 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 (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_ 10/25/2013 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) LUZ ELENA STRAUB (Typed or printed name of person signing) **PRESIDENT** (Title of person signing)