3/25/2014

P. 001/005

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000071454 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146

Phone : (305) 444-4994

Fax Number : (305) 444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN GIANT SERVICES, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

MAR 2 6 2014

	and the second second second second	
,		·
par .	Articles of Amendment	
•	fo Árticles of Incorporation	
•	of	
Training Training	evices CORP.	
(Name of Corporation as cu	rrently filed with the Florida Dept. of State)	
<u> </u>	lumber of Corporation (if known)	
(Document 14	umber of Corporation (II known)	
its Articles of Incorporation;	06, Florida Statutes, this <i>Florida Profit Corporatio</i>	on adopts the following amendment(s) to
A. If amending name, enter the new name	of the corporation:	
		The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	the word "corporation," "company," or "inc on "Corp," "Inc," or "Co". A professional cor i," or the abbreviation "P.A."	orporated" or the abbreviation poration name must contain the
B. Enter new principal office address, if a	pplicable:	
(Principal office address MUST BE A STRI	PET ADDRESS)	
		
and the second s		
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)	<u>ue:</u> FÍCE BOX)	
//		-
		
e e		
		- w.
D. If amending the registered agent and/or the new re	r registered office address in Florida, enter the	hame of the
	Dailin Garcia	
Name of New Registered Agent	Dattill Carcia	
	6355 W Haples ST (Florida street address)	<u>*323</u>
No Hardana & Million & Lines.	Missing Flor	12 331UL
New Registered Office Address:	(City)	(Zip Code)
		, ,
	•	
New Registered Agent's Signature, if change	ging Registered Agent:	
I hereby accept the appointment as registered	defent. Lam familiar with and accept the obligat	tions of the position.
41	tine of New Registered Agent if Changing	_
and the second s	THE OF THE PARTY AND	

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 = ChiefExecutive 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	DT.	John Doe	
	<u>PT</u>		
X Remove .	<u>Y</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	- Atomo Samon	8355 WHSplox 5T
Add		•	* 32 3
Remove			Mani FC 33144
2) Change	F	- Juz Hery HortoyA	8300 WFLAGLOR ST
Add		ţ	# 325
Remove		•	miani FL 3314H
3) Change	 -		Washing to the second of the s
Add			
Remove			
4) Change			
Add			<u> </u>
Remove		•	
5) Change			
Add			
Remové			
6) Cheenge			
Add			
Rémave		•	-

	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)						
	<u> </u>						
							
	• • • • • • • • • • • • • • • • • • • •						
· · · · · · · · · · · · · · · · · · ·		~	···				
		1			• • • • • • • • • • • • • • • • • • • •	\ 7.	
~~~~~~				<u></u>			
		·					
				······································			
						·	
							
		-					
an amendm	ent provides	s for an exch	ange, reclass	ification, or c	ancellation of	issued shares,	
rovisions fo	r implement plicable, indi	ing the amer	idment if noi	contained in	the amendme	nt itself:	
	p,,						
(ij noi ap		-					
(у пог ир							
(y noi up					 -		
(g not up							
(y noi ap							
(y noi ap							
(y not ap							
(y noi ap							
(y noi ap							

14 MAR 25 PM 12: 31 if other than the The date of each amendment(s) adoption: SECRETARY OF STATE date this document was signed. TALLAHASSEE, FLORIDA 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(a) 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. Signature , president of other officer - if directors or officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) (Typed or printed name of person signing) (Title of person signing)