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APR 1 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

i., 、

NAME OF CORPO	RATION: Cross Hom	ne Services, Inc	•
DOCUMENT NUM	D140000751		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Leo J Cross		
•		Name of Contact Person	on
	Cross Home Sen	vices	
		Firm/ Company	
	312 14th St SW		
		Address	
	Ruskin, FL 33570)	
		City/ State and Zip Co	de
flw	ildlifetrapper@gm	ail.com	
		sed for future annual repor	t notification)
	(· ··········
For further information	on concerning this matter, pleas	se call:	
Leo J Cross		_{at (} 407	, 617-1193
Name	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Dep	partment 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi Clifto 2661	t Address dment Section on of Corporations n Building Executive Center Circle
		Tallah	nassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Cross Home Services, Inc.	
(Name of Corporation as currently filed with the	e Florida Dept. of State)
P1400007513	15 15
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thits Articles of Incorporation:	his Florida Profit Corporation adopts the following amendment(s)
·	Ta Pa
A. If amending name, enter the new name of the corporation:	
Na	The news
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o word "chartered," "professional association," or the abbreviatio	or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	312 14(11 31 344
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Ruskin FL 33570
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as above physical
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office additional and/or the new registered office and/or the new	
Name of New Registered Agent Leo J Cross	
312 14th St S	<u> </u>
	a street address)
New Registered Office Address: Ruskin	, Florida 33570
(C	City) (Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	tent: iar with and accept the obligations of the position.
gignature of New Register	red 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: XChange	PT	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) Change	Р	Cassandra A Watson	17432 Caudel Rd	
Add			Orlando, FL 32833	
Remove		·		
2) Change	Р	Leo J Cross	312 14th St SW	
Add			Ruskin, FL 33570	
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove			······	
5) Change				
Add				
Remove				
. D				
6) Change				
Add				
Remove				

Attach addition	r adding additional Articles, enter change(s) here: nal sheets, if necessary). (Be specific)
	Na
	
· - · · · · · · · · · · · · · · · · · ·	
an amendr	ent provides for an exchange, reclassification, or cancellation of issued shares,
provisions f	r implementing the amendment if not contained in the amendment itself:
(if not a	plicable, indicate N/A)
	Na

The date of each amendment(s) adopt	tion: <u>05/01/2014</u>	, if other than the
date this document was signed.	~ 1	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more man 30 days after amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were sufficient	d 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	the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were adopted action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholder	
Dated 05/09/2014		
Signature	10	
	dr, president or other officer – if directors or officers have not been	
	y an incorporator — if in the hands of a receiver, trustee, or other court iduciary by that fiduciary)	
Le	o J Cross	
	(Typed or printed name of person signing)	·
Pro	esident	
	(Title of person signing)	

I, Cassandra A. Watson,have not acted in an officer or perso dba Florida Wildlife Trappers since May 2014. At that time I request that my name be removed from this corporation.	
Thank you,	
Cassardra A Watson 17432 Caudel Rd Orlando, Fl 32833	3 30 15 Date
State of Florida County of	
Sworn to (or affirmed) and subscribed before me this 30 th d	ay of March 2015.
Name of Person Making Statement	
Signature of Notary Public	
Name of Notary Typer, Printed or Stamped	arungsy.

Personally Known___ or Produced Identification_

Type of Identification Produced Valid