(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies		
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	01114 = 107	cted services	Inc		
DOCUMENT NUMBE	R: 170000	18100			
The enclosed Articles of	Amendment and fee are sub	omitted for filing,			
Please return all correspo	ondence concerning this mat	ter to the following:			
	Yarma	name of Contact Persor			
	Name of Contact Person Contracted Services In C				
-	<u> </u>	Firm/ Company			
_	527 (ollins find Rol			
_		Address			
_	lallahassee, t		37301		
		City/ State and Zip Code	e		
	Contracted	Seruces in Carma ed for future annual eport	ili (on-		
	E-mail address: (to be us	ed for future annual eport	notification)		
For further information	concerning this matter, pleas	e call:	•		
- Yarman	Minnis	at (850	212-8691		
Name of	Contact Person	Area Co	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)		
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 nassee, FL 32314	Ameno Divisio Cliftor 2661 I	Address Imment Section Important on of Corporations In Building Executive Center Circle In Building In		

Articles of Amendment Articles of Incorporation

	_	-	-	
n	f			

Contracted ?	Services Inc
(Name of Corpor	ration as currently filed with the Florida Dept. of State)
P14 000 187	1ファ
(Do	ocument Number of Corporation (if known)
ursuant to the provisions of section 607.1006, Flo s Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the following amendment(s) to
If amending name, enter the new name of the	e corporation:
	The new
ame must be distinguishable and contain the v Corp.," "Inc.," or Co.," or the designation "Co ord "chartered," "professional association," or t	word "corporation," "company," or "incorporated" or the abbreviation Corp," "Inc," or "Co". A professional corporation name must contain the the abbreviation "P.A."
Enter new principal office address, if applica	
Principal office address <u>MUST BE A STREET A</u>	Tallahasse FC, 32301
•	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX) 527 Colinsfus Rd
	Talldrasce, Fl 32301
	istered office address in Florida, enter the name of the
new registered agent and/or the new register	red office address:
Name of New Registered Agent	Yarmaine Minnis
	527 Collinations Rd # # # # # # # # # # # # # # # # # #
New Registered Office Address:	Tallahaske Florida 32301
	(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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.

X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	Jones	
_X Add	<u>SV</u> <u>Sally</u>	<u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
l) Change	CFO	Vladimir Florent	2796 Tess Circle
Add			Talkhose, Fr. 32304
Remove	. -	NI .	
2) X Change	<u>ceo</u>	YARMAINE MINNIS	527 Collastord Rd Tallahasgee, FC 32301
Add			lallahasque, FC 32301
Remove			
3) Change			5 PE
Add			一
Remove			<u> </u>
4) Change			
Add			ŞM ·
Remove			
5) Change	· .		
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary). (Be specific)		
46-5266893 OP FEIN NUMBER		-
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		- بسید - المحاد
		15 13 13
	20	- 7
	S. C.	8: 5%
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)		
		- -
		-
		-
		-

The date of each amendment date this document was signed		8/1/3	2015		, if other	than th	ie
Effective date <u>if applicable</u> :	(no	more than 90 day.	s after umendment file	e date)		•	
Note: If the date inserted in document's effective date on the			statutory filing requir	ements, this date will	I not be list	ed as th	ie
Adoption of Amendment(s)	(CHECK	ONE)					
☐ The amendment(s) was/web by the shareholders was/web.			per of votes east for th	ne amendment(s)			
☐ The amendment(s) was/we: must be separately provide							
"The number of vote:	s cast for the amendmen	it(s) was/were suff	icient for approval			<u>بيد</u>	
by	(voting gr	roup)	,,		題	n E	
The amendment(s) was/we action was not required.				and shareholder		(3) (2)	
The amendment(s) was/we action was not required.	ere adopted by the incorp	oorators without sl	nareholder action and	shareholder		州 8:5%	
Dated	8/13/20	15	_		-3 W c		
S	By a director, president of the celected, by an incorporate proposited fiduciary by the	tor - if in the hand					
	(Type	d or printed name	Minnio of person signing)				
		CEO	Son signing)			_	