## P14000030035

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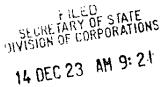
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Skyland Support Services Corp.				
DOCUMENT NUMB	ER: P1400003003	5		
The enclosed Articles of	f Amendment and fee are sub	bmitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		
,	Victoria E Sepe			
_		Name of Contact Persor	1	
;	Skyland Support	Services Corp.		
_	<del></del> -	Firm/ Company		
	8290 Lake Dr #13	37		
_		Address		
_	Miami, FL 33166			
		City/ State and Zip Code	•	
info	@skylandsupport	com		
	E-mail address: (to be use	ed for future annual report	notification)	
For further information concerning this matter, please call:				
Victoria E Sep	ре	<sub>at (</sub> 786	449-4708	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department 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. I	ng Address dment Section ion of Corporations Box 6327 nassee, FL 32314	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301	

## Articles of Amendment to Articles of Incorporation of



Skyland Support Services Corp. (Name of Corporation as currently filed with the Florida Dept. of State) P14000030035 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Skyland Support Services Corp. name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Victoria E Sepe Name of New Registered Agent 8290 Lake Dr #137 (Florida street address) Miami New Registered Office Address: (City) New Registered Agent's Signature, if/changing Registered Agent: I hereby accept the appointment as registered/agent. I am Jamiliar 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.

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) Change	PD	Katty Aguilera	8290 Lake Dr #137
Add			Miami, FL 33166
Remove			
2) Change	PD	Victoria E Sepe	8290 Lake Dr #137
Add			Miami, FL 33166
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
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· · · · · · · · · · · · · · · · · · ·	
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and and an analysis of the indicate of the angel of the indicate of
(if not applicable, indicate N/A)	nument it not contained in the amendment user.
/A	

The data of the latest the second	t(s) adoption: December 17, 2014	FILE SECRETARY NVISION OF CO	OF STATE OF STATE RPORATIONS
date this document was signed	(s) adoption:	MAISION	if other than the
Effective date if applicable:	December 17, 2014	14 DEC 23	if other than the
	(no more than 90 days after amen	ndment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes ere sufficient for approval.	cast for the amendment(s)	
	re approved by the shareholders through voting group ed for each voting group entitled to vote separately of		
"The number of votes	s cast for the amendment(s) was/were sufficient for ap	proval	
by			
	(voting group)		
The amendment(s) was/wer action was not required.	re adopted by the board of directors without sharehold	der action and shareholder	
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder a	ction and shareholder	
Dated_12/1	7/14		
Signature	1/mm		
se	by a director, president or other officer — if directors of elected, by an incorporator — if in the hands of a receippointed fiduciary by that fiduciary)	or officers have not been ver, trustee, or other court	
	Victoria E Sepe		
	(Typed or printed name of pe	rson signing)	<del></del>
	President		
	(Title of person signi	ng)	