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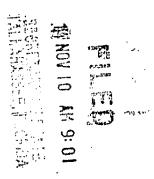
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C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations				
NAME OF CORPO	RATION: Horsley Se	rvices Inc		
DOCUMENT NUM	_{IBER:} P1400003488	6		
	s of Amendment and fee are su			
Please return all corr	espondence concerning this ma	tter to the following:		
	Terri Lowe			
		Name of Contact Person	n	
	Parsons Account	ing		
		Firm/ Company		
	328 W Oak Stree			
	I.C. 1	Address		
	Kissimmee, Fl 34			
		City/ State and Zip Cod	e	
ра	rsonsloweinc@aol	l.com		
*****	E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, please call:				
Terri Lowe		at (407	, 343-9067	
Name	of Contact Person		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)	
	ailing Address		Address	
Amendment Section Division of Corporations		Amendment Section Division of Corporations		
P.O. Box 6327		Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Horsley Services Inc				and)
(Name of Corporation a	s currently filed with the Flor	rida Dept. of State)	\$ 10 B	
P14000034886			300	grande or
(Docume	nt Number of Corporation (if k	nown)	1100	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this Florida	orida Profit Corporation	adopts the following	g amendment(s) t
A. If amending name, enter the new non-	ame of the corporation:		***	The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or "Co	o". A professional corpe		hbreviation
B. Enter new principal office address, (Principal office address MUST BE A S		N/A		-
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A		-
D. If amending the registered agent ar new registered agent and/or the ne		s in Florida, enter the n	ame of the	-
-	Jesse Allen Horsl	ev		
Name of New Registered Agent	401 Rebecca Dr			
	(Florida street	address)		
	Saint Cloud	, Floric	<u>.</u> 34769	
New Registered Office Address:		, 1 10110		

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> <u>Jol</u>	nn Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sa</u>	lly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PSD	ALLEN HORSLEY	401 REBECCA DR
Add			SAINT CLOUD FL
Remove			34769
2) Change	PSD	JESSE ALLEN HORSLEY	401 REBECCA DR
✓ Add			SAINT CLOUD FL
Remove			34769
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
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)
N/A_

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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	
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.	
Dated_NOVEMBER 5 2014	
Signature (x) Juril allan Bushy	
(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)	
JESSE ALLEN HORSLEY	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	