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COVER LETTER

Division of Corporations							
NAME OF CORPORATION: STARISHT CONSUMIR SERVICE INC DOCUMENT NUMBER: P 1400049821							
The enclosed Articles of Amendment and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
Name of Contact Person STARWHY COASSMER SERVER TOE							
STARYSTS CONSOMER SERVILLE INC							
10151 UNIVERS. TY BIVD #17) Address							
ORIVADO FL 32817 City/ State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Collette HA: 15700 at (40) 1692-8926 Name of Contact Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount made payable to the Florida Department of State:							
\$35 Filing Fee Certificate of Status (Additional copy is Certified Copy (Additional copy is Certified Copy							

enclosed)

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation of

FILED 17 OCT 26 AM 9: 23

STARligHT CONSUMER SERVI	
(Name of Corporation as currently filed with the	Florida Dept. of State) MELAHASBER FEORIDA
(Document Number of Corporation	(if known)
·	
Pursuant to the provisions of section 607.1006, Florida Statutes, th Incorporation:	nis corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10151 UNIVERSITY 6110
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	171
	orlando Flor. DA 32817
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 ad new registered agent and/or the new registered office addre	
Name of New Registered Agent (Florida	street address)
New Registered Office Address:	Vilorida
(Cit	(Vip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familia	
, , , , , , , , , , , , , , , , , , ,	
Signature of New Registered	d 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 <math>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	PT Joh	nn Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>ŞV</u> <u>Şal</u>	ly Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1)Change	<u>P</u>	Collette Hairston	10151 UNIVACSITY BIVD
Add			171
Remove			OHADS FL 32817
2) Change			
Add			48-441, 14-14-14-14-14-14-14-14-14-14-14-14-14-1
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		 	
Add			
Remove			

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	1/A
-	
-	
	the same and the s
	If an amendment provides for an exchange reclassification or cancellation of issued shares
	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 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)
	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)
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	provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

The date of each amendment(s) adoption late this document was signed.	n: 6/24/17	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 40 days after amenament file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) at for approval.	
	by the shareholders through voting groups. The following statement voting group entitled to vote separately on the amendment(s):	
	amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	y the board of directors without shareholder action and shareholder	
a The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder	
Dated 624	e Haiste	
(By a director selected, by a	president or other officer – if directors or officers have not been in incorporator – if in the hands of a receiver, trustee, or other court uciary by that fiduciary)	
•	sllette HAIRSTON	
	(Typed or printed name of person signing) P(LSIDEAT	
	P(LSI DeA)	