

P140000061336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

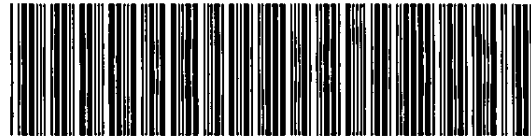
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700263513157

08/21/14--01009--026 **43.75

FORAT
TUE / E

Amended

FILED
2014 OCT -3 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
10/6/14

X00789, 00610, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2014

Nora Veronica Guerrero
National Hospitality Clean Services Inc
P.O. Box 14731
Clearwater, FL 33766

SUBJECT: NATIONAL HOSPITALITY CLEAN SERVICES INC
Ref. Number: P14000061356

We have received your document for NATIONAL HOSPITALITY CLEAN SERVICES INC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 614A00018384

TO: FLORIDA DIVISION OF CORPORATIONS
FROM: NORA VERONICA GUERRERO
NATIONAL HOSPITALITY CLEAN SERVICES INC.
DATE: SEPTEMBER 29, 2014
SUBJECT: CORPORATION AMENDMENT.

I received a letter from your office stating that the amendment requested on August was not processed because it was incorrectly filled. We were using a P O Box instead of a street address. I am sorry I have misplaced the letter your office sent me so I cannot include it with my REVISED application.

I beg you please to accept this revised version of the application to amend my Agent name and Street address and mailing address.

I will greatly appreciate your help.

Sincerely,


Nora Veronica Guerrero.

Revised

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: National Hospitality Clean Services Inc

DOCUMENT NUMBER: P14000061356

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nora Veronica Guerrero

Name of Contact Person

National Hospitality Clean Services Inc

Firm/ Company

P.O. Box 14731

Address

Clearwater, FL 33766

City/ State and Zip Code

nationalhospitalityserv@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nora Veronica Guerrero

Name of Contact Person

at (727)

216-7663

Area Code & 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)

RECEIVED
14 OCT -3 PM 3:59
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

Mailing Address

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

Articles of Amendment
to
Articles of Incorporation
of

National Hospitality Clean Services Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P14000061356

(Document Number of Corporation (if known))

FILED
2014 OCT -3 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

The new 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)

303 Covered Bridge Dr

Suite E

Dunedin, FL 34698

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P O Box 14731

Clearwater, FL 33766

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:

Name of New Registered Agent Nora Veronica Guerrero

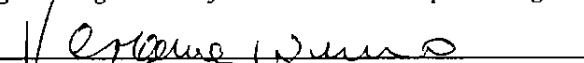
303 Covered Bridge Dr Ste E

(Florida street address)

New Registered Office Address: Dunedin, Florida 34698
(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.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

| Type of Action (Check One) | Title | Name | Address |
|------------------------------------|-------|-------|---------|
| 1) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 2) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 3) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change | _____ | _____ | _____ |
| <input type="checkbox"/> Add | _____ | _____ | _____ |
| <input type="checkbox"/> Remove | _____ | _____ | _____ |

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 09/27/2014, if other than the date this document was signed.

Effective date if applicable: 09/27/2014
(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 09/27/2014

Signature _____

(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)

Nora Veronica Guerrero

(Typed or printed name of person signing)

President

(Title of person signing)