P14000068391

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: SHURGARD HOM	IE SERVICES, INC.	
DOCUMENT NU	MBER: P14000068391		· · · · · · · · · · · · · · · · · · ·
	es of Amendment and fee are sub	omitted for filing.	
Please return all co	respondence concerning this mat	ter to the following:	
	JOHN M SCHURGARD		
		Name of Contact Persor	1
	SHURGARD HOME SERVE	CES, INC.	
		Firm/ Company	
	37410 SOUTHSIDE DRIVE		
	·	Address	
	ZEPHYRHILLS, FL 33541		
		City/ State and Zip Code	3
	IM4TILEMIKE@AOL.COM		
	~	ed for future annual report	notification)
For further informa	tion concerning this matter, pleas		952-0859
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:
S35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

	SHURGARI) HOME	SERVICES.	INC
--	----------	--------	-----------	-----

(Name of Corporation as current	ly filed with the Florida Dept. of State)
14000068391		
(Document Number o	of Corporation (if known)	
ursuant to the provisions of section 607.1006, Florida Statutes, this s Articles of Incorporation:	Florida Profit Corporation adopts the	following amendment(s
. If amending name, enter the new name of the corporation:		
/A		The new
ame must be distinguishable and contain the word "corporation," " Inc.," or Co.," or the designation "Corp," "Inc," or "Co" chartered," "professional association," or the abbreviation "P.A.	A professional corporation name mus	breviation "Corp.,"
. Enter new principal office address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
		73.
		C-;
Por constitution of anythering		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u> </u>
•		
		<u> </u>
. If amending the registered agent and/or registered office add	tross in klorida, enter the name of the	<u></u>
new registered agent and/or the new registered office addres		
N/A		
Name of New Registered Agent		
at at		
įr toriaa st	rect address)	
	Florida.	
New Registered Office Address:	, Florida , Florida	(Zip Code)

Check if applicable

[☐] The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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 = Trustec; 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	V	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Tîtle</u>	<u>Name</u>	<u>Addres</u> s
1) Change	С	COREY COLE RANDALL	36114 DONNA LANE
Add			DADE CITY, FL 33525
X Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change	·		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			
δ) Change			
Add			
Remove			

If amending or adding additional Art (Attach additional sheets, if necessary).	(Be specific)
A	
3-11-2-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	
<u> </u>	
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
provisions for implementing the am-	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
A	

Fhe date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file o	date)
Note: If the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without sh action was not required.	areholder action and shareholder
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	e amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following the separately provided for each voting group entitled to vote separately on the amended.	lowing statement dment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
, , , , , , , , , , , , , , , , , , ,	
08/17/2020 Dated Signature	
(Hy a director, president or other officer – if directors or officers to selected, by an incorporator – if in the hands of a receiver, trusted appointed fiduciary by that (iduciary)	nave not been e, or other court
JOHN M SCHURGARD	
(Typed or printed name of person signing)	
PRESIDENT	

(Title of person signing)