PHOOM90654

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	<u> </u>
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

Òffice Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

FAME OF CORPORATION: OF PIDECATIN SERVICE, AND
OCUMENT NUMBER: P14000090654
the enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Steven Faris
Name of Contact Person
SF Inspection Service, Inc.
2236 Fort Mellon Court
Saint Augustine FL 32092 City State and Zip Code
Stevefaris @ aol. com E-mail address' (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Faris at 904 200-9900

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

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 Street Address

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

Articles of Amendment

Articles of Incorporation of (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: 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: Name of New Registered Agent

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address

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

(Florida street address)

, Florida

(Zip Code)

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 $\underline{\mathbf{v}}$ Mike Jones <u>X</u> Add SVSally Smith Type of Action <u>Tıtle</u> Name <u>Addres</u>s (Check One) Steven Faris 2236 Fort Mellon Ct St. Augustine, FL 32092 Change Remove Change Add Remove Change Add Remove Change Remove Change

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

Page 2 of 4

Add

Attach au	ing or adding ac dditional sheets, t	f necessary).	(Be specific)			
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•						
	·	<u> </u>				
	<u> </u>					
provisio	endment provide ons for implement not applicable, inc W/A	nting the amend dicate N/A)	dment if not c	cation, or cano ontained in the	s amendment its	ed shares, self:
	•					
	•					
					-	

The date of each amendment(s) adoption:	, if other than th
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 11/7/14	
Dated	
Signature / Welle Jans	<u> </u>
(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)	
March 1 1 1	
rrichele H. Faris	
(Typed or printed name of person signing)	
+ resident	
(Title of person signing)	