## P15000022887

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## COVER LETTER

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: STEWART BROTHER'S HANDYMAN	SERVICES INC
DOCUMENT NUMBER: P 15000022887	_
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DAUID STEWART  Name of Contact Person	2011 OCT -2
STEWART BROTHER'S HANDYMAN SERVICES	INC 墨···
7519 NW 88 TH WAY	TAIC 是
Address  TAMARAC FL 33321  City/ State and Zip Code	
City/ State and Zip Code	<del></del>
D_STEWART58@LIVE.COM	
E-mail address: (to be used for future annual report notification)	<del></del>
For further information concerning this matter, please call:	
DAVID STEWART 31, 954, 868-1582	5
Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone N	lumber
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

of

STEWART F	BROTHER'S	HAND	MAN	SERVICES	INC
	(Name of Corporation a		_	orida Dept. of State)	
	P 1500	00 22	887		
	(Document	Number of Co	rporation (if kn	own)	
Pursuant to the provisions of sect its Articles of Incorporation:	ion 607.1006, Florida Sta	atutes, this <i>Flo</i>	rida Profit Corj	noration adopts the follo	owing amendment(s)
A. If amending name, enter the	e new name of the corpo	ration:			
	BROTHEF				The new
name must be distinguishable of "Corp.," "Inc.," or Co.," or the word "chartered," "professional B. Enter new principal office a (Principal office address MUST)	e designation "Corp," " l association," or the abb address, if applicable:	Inc," or "Co reviation "P.A	". A profession	r "incorporated" or the all corporation name m	e abbreviation ust contain the
C. Enter new mailing address (Mailing address MAY BE A			<i>N/</i>	A	DBIT OCT -2 AV
D. If amending the registered a new registered agent and/or			in Florida, ent	er the name of the	A
Name of New Registered	d Agent	<u>, , , , , , , , , , , , , , , , , , , </u>	1/A		
	<del></del>	(Florida street	address)		<del></del>
New Registered Office A	ddress:			, Florida	
		<i>(C</i> i	37	(	Zip Code)
New Registered Agent's Signat I hereby accept the appointment	as registered agent. I an	n familiar with	·		on.
	Signatur	e of New Regi	stered Agent, if	changing	<del></del>

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove		N/ / .	
2) Change		N/A	
Add			
Remove		11/1	
3 ) Change			
Add		,	<del></del>
Remove			
4) Change		N/A	
Add		(	
Remove		1.	
5) Change		$-\frac{N/A}{}$	
Add		(	
Remove		,	
6) Change		XI/A	
Add			
Remove			

	(Be specific)	• . /	
		N/A	
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an amendment provides for an exc	hange, reclassification	or cancellation of issued shares,	
provisions for implementing the ame	hange, reclassification endment if not contain	ed in the amendment itself:	
an amendment provides for an exc provisions for implementing the amo (if not applicable, indicate N/A)	hange, reclassification endment if not contain	ed in the amendment itself:	
provisions for implementing the ame	hange, reclassification endment if not contain	ed in the amendment itself:	
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f an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification. endment if not contain	ed in the amendment itself:	

The date of each amendment(s) adoption:	_, if other than the
Effective date if applicable:  (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
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	
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.	
Dated9 - 29 - 17	
Signature David B. Stewart  (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)	
DAUID B. STEWART	
(Typed or printed name of person signing)	
(Title of person signing)	<del></del>