# P150000072466

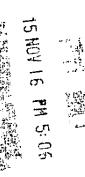
(Re	equestor's Name)	
(Ad	ldress)	•
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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SELVICE	Master Cust	odial Cleani	ing Servic
DOCUMENT NUMB	ER: P150000	12466		_
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.		
Please return all corresp	pondence concerning this mat	ter to the following:		
	Cher	41 L. Mar	sh	The state of the s
	Serv	JName of Contact Person	-ccs	50.16
	9536	BILL Stor	re Circle	
	Ft. My	ers, FL 3	3913	5. 0s
	CCheri E-mail address: (to be us	City/ State and Zip Cod  Manager All  ell for future annual report	COM	_
For further information	concerning this matter, pleas	e call:		
Cheryl	Marsh of Contact Person	at (239 Area Co	250-900 de & Daytime Telephone N	<u> </u>
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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)	
Mail	ling Address	Straat	Address	

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

Service Master Custod	lial Cleaning Services I
(Name of Corporation as current	y filed with the Florida Dept. of State)
P15000012461	ρ
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:  name must be distinguishable and contain the word "forporation" ("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; (Principal office address MUST BE A STREET ADDRESS)	NA
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	WA
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	
Name of New Registered Agent NA	
New Registered Office Address: NA	reet address), Florida
	(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 I	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 D	<u>oe</u>	
X Remove	<u>V</u> <u>Mike J</u>	<u>onęs</u>	
X Add	SV Sally S	mith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change	n/A_	NA	NA
Add	1	' <b>I</b>	
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)
N A
F. 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)

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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 dat document's effective date on the Department of State's records.	e will 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):	nt
"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.	r
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 1/41/15	
Signature Menu M WOD	
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 cour	t
appointed fiduciary by that fiduciary)	
Cheryl Marsh	
(Typed or printed name of person signing)	
president	<u></u>
(Title of person signing)	