P15DDDD1842

Office Use Only



300292863633

12/12/16--01017--019 **35.00

WILLERY OF STATE

DEC 14 2016 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORA | TION: YAB D. SERVICE | S INC | | | | |
|-----------------------------|--|--|--|--|--|--|
| DOCUMENT NUMBER | P15000101842 | | ···· | | | |
| The enclosed Articles of | Amendment and fee are sub | omitted for filing. | | | | |
| Please return all correspo | ndence concerning this mat | ter to the following: | | | | |
| SI | LVIA GONZALEZ | | | | | |
| | Name of Contact Person | | | | | |
| _ | Firm/ Company | | | | | |
| 53 | 26 20TH PL SW | | | | | |
| | | Address | | | | |
| N. | APLES, FL 34116 | | | | | |
| | | City/ State and Zip Code | ; | | | |
| SISA20 | 1350@GMAIL.COM | | • | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | | |
| For further information c | oncerning this matter, pleas | e call: | | | | |
| SILVIA GONZALEZ | | at (239 | de & Daytime Telephone Number | | | |
| Name of | Contact Person | Area Coo | de & Daytime Telephone Number | | | |
| Enclosed is a check for the | ne following amount made p | payable to the Florida Depa | rtment 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) | | | |
| Ameno Divisio P.O. B | g Address Iment Section on of Corporations ox 6327 assee, FL 32314 | Amend Divisio Clifton 2661 E | Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301 | | | |

Articles of Amendment to Articles of Incorporation of

YAB D. SERVICES INC

| YAB D. SERVICES INC | |
|---|--|
| (Name of Corporati | on as currently filed with the Florida Dept. of State) |
| P15000101842 | |
| (Docum | nent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | a Statutes, this Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the co | orporation: |
| · · | |
| | The new rd "corporation," "company," or "incorporated" or the abbreviation of "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD | |
| | 28 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | |
| | |
| D. If amending the registered agent and/or register new registered agent and/or the new registered | red office address in Florida, enter the name of the |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Reg | |
| I hereby accept the appointment as registered agent. | I am familiar with and accept the obligations of the position. |
| Sian | nature 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 Do | <u>oe</u> | |
|----------------------------|-------------|--------------|----------------|------------------------|
| X Remove | <u>v</u> | Mike Jo | nes | |
| X Add | <u>sv</u> | Sally Sn | <u>nith</u> | |
| Type of Action (Check One) | Title | | Name | Address |
| 1) Change | DIR | _ | JARIER PINEIRO | 2671 55TH TER SW APT B |
| Add | | | | NAPLES, FL 34116 |
| X Remove | | | | |
| 2) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | - | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 6) Change | · | | | |
| Add | | | | |
| Remove | | | | |

| f amending or adding additional Art attach additional sheets, if necessary). | (Be specific) | |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| <u> </u> | | |
| | | |
| | | |
| - | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| f an amendment provides for an exc provisions for implementing the am (if not applicable, indicate N/A) | change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself: | |
| | | <u>. </u> |
| | | . <u></u> |
| | NO. 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11 | |
| | | |
| | | |
| | | <u> </u> |
| | | |

| The date of each amendment(s) ad date this document was signed. | option: | , if other than the |
|--|--|-------------------------|
| Effective date if applicable: | | |
| Effective date in applicable. | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date with partment of State's records. | ll not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were sur | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. | |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast | amendment(s) was/were sufficient for approval | |
| by | 23 | |
| • | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 12/07/2016 | | \ |
| Dated | Thurson (- | |
| (By a d | rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| | SILVIA GONZALEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |