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SECRETARY OF STATE ALLAHASSEF, FLORING

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JUN 15 2018
I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	J&S HOME SERV	ICES CORP	
DOCUMENT NUMI	P16000003583		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this made	tter to the following:	
	STEPHANIE ELSNER		
		Name of Contact Person	1
	8537 SHALLOWBROOK C	Firm/ Company OVE	<u></u>
	BOYNTON BEACH, FL 33-	Address	
		City/ State and Zip Code	e
steph	berry312@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
STEPHANIE ELSNI	ir.	561 at (777-0636
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	S43.75 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle USSEC, FL 32301

Articles of Amendment to Articles of Incorporation of

J & S HOME SERVICES, CORP.

(Name o	f Corporation as currently filed v	with the Florida Dept. of Sta	te)
	P16000003583		
	(Document Number of Corpor	ration (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
·			The new
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "Co". A	mpany," or "incorporated" A professional corporation na	or the abbreviation one must contain the
B. Enter new principal office address, (Principal office address <u>MUST BE A S</u>			T T
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)			RY OF STATE
D. If amending the registered agent an new registered agent and/or the new	v_registered office address:	Florida, enter the name of th	<u>e</u>
Name of New Registered Agent	STEPHANIE ELSNER		
	8537 SHALLOWBROOK COVE	<u> </u>	
New Registered Office Address:	(Florida street addr. BOYNTON BEACH FL	ess) , Florid	33473 a
	(City)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		d accept the obligations of the	position.

Signature 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.

X Change	<u>PT</u>	John Doe	
\underline{X} Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	D	JASON ELSNER	8537 SHALLOWBROOK COVE
	-		BOYNTON BEACH, FL 33473
Add X Remove			
2) Change	D	STEPHANIE ELSNER	8537 SHALLOWBROOK COVE
X Add			BOYNTON BEACH, FL 33473
Remove			
3.) Change		<u></u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		= - 	
Remove			

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				.	
				<u> </u>	
an amendment provides for an exchange,	-adamicantion	an aanaallatian	cofficered cham	ne.	
provisions for implementing the amendme	rectassification, of	<u>n cancenation</u> d in the amend	lment itself:	<u>cs.</u>	
(if not applicable, indicate N/A)					
<u> </u>				<u>.</u>	
			 		

The date of each amendment(s) adoption:	er than the
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	_
(no more man 50 days after amenament fue water	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lis document's effective date on the Department of State's records.	ated 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	
(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.	
6/4/18	
Dated	
X	
Signature (By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – it in the fights of a receiver, trustee, or other court	
appointed fiductary by that fiduciary)	
STEPHANIE ELSNER	
(Typed or printed name of person signing)	_
DIRECTOR	
(Title of person signing)	_