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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PLAN	SVCS, INC
DOCUMENT NUMBER: P16000018	096
The enclosed Articles of Amendment at	
Please return all correspondence concer	ning this matter to the following:
HARRY HEDAY	Α
PLANSVCS. IN	Name of Contact Person
	Firm/ Company
5830 W. CYPRE	SS STREET, STE H
	Address
TAMPA, FL 336	D7
	City/ State and Zip Code
F-mail addre	ss: (to be used for future annual report notification)
7. man addit	in the se used for fature annual report nonnegation,
For further information concerning this	matter, please call:
HARRY HEDAYA	at (813) 282-4548
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following an	nount made payable to the Florida Department of State;
■ \$35 Filing Fee □\$43.75 Fil Certificate	
Mailing Address Amendment Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee

Articles of Amendment to Articles of Incorporation of

PLANSVCS, INC			
(<u>Name</u>	of Corporation as currently	filed with the Florida Dept. of Sta	te)
P16000018096			
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	7.1006, Florida Statutes, this F	lorida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new i	name of the corporation:		
			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation " "chartered," "professional association,	Corp, " "Inc," or "Co". A	ompany," or "incorporated" or the a professional corporation name mi	bbreviation "Corp.," ist contain the word
B. Enter new principal office address (Principal office address MUST BE A.			
			
C. Enter new mailing address, if app (Mailing address <u>MAY BE A POST</u>			
			 _
D. If amending the registered agent a	ind/or registered office addre	ess in Florida, enter the name of th	ie
new registered agent and/or the n			_
Name of New Registered Agen	HARRY HEDAYA		
Traine by Training Services	5830 W. CYPRESS STREE	т, ѕтен	
	(Florida stree	et address)	
Now Business of Office Address	ТАМРА	. Florid	33607
New Registered Office Address		City)	(Zip Code)
New Registered Agent's Signature, if I hereby accept the appointment as regis	changing Registered Agent:	ith and accept the ablivations of the	position
Thereby accept the appointment as regi	erea ugem. Tam jamina Ni	in and accept me congains by the	,
	7/0		
	Signature of New Rey	gistered Agent, if changing	

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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> <u>Joh</u> t	ı Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CEO	MIKE SMITH	5830 W. Cypress Street, Ste H
Add			Tampa. FL 33607
X Remove			
2) Change	PRES	HARRY HEDAYA	5830 W. Cypress Street, Ste H
X Add			Tampa, FL 33607
Remove 3) Change	<u></u>		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

tach additional sheets, if necess	al Articles, enter change(s) here: sany). (Be specific)
· · · · · · · · · · · · · · · · · · ·	
·	
in amondment provides for a	on exchange, reclassification, or cancellation of issued shares,
rovisions for implementing th	ne amendment if not contained in the amendment itself:
(if not applicable, indicate N	v///l)

The date of each amendment(s) adopt date this document was signed.	ion:	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 document's effective date on the Depart	does not meet the applicable statutory filing requirements, this ment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors without shareholder.	action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	by the shareholders. The number of votes east for the amendment for approval.	ent(s)
☐ The amendment(s) was/were approvermust be separately provided for each	d by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	lement
	he amendment(s) was/were sufficient for approval	
by	(valing aroun)	
SEPTEMBER		
Dated Signature	L	
(By a direct selected, by	or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other of ductary by that fiductary)	
НА	RRY HEDAYA	
	(Typed or printed name of person signing)	
PRI ——	SIDENT	
	(Title of person signing)	