P160000 19006

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: CLASSIC RESCI	REENING INC		
	BER: P16000019006			
	of Amendment and fee are si	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	LECIO DE PAULA			
		Name of Contact Perso	11	
	BRILLIANT TAX SERVICES CORP			
		Firm/ Company		
	3863 MARINER DR			
		Address		
	ST PETERSBURG, FL 3370	15		
	<u></u>	City/ State and Zip Cod	c	
brilli:	intaxservices@gmail.com			
	-	sed for future annual report	notification)	
For further information	i concerning this matter, plear	se call:		
Lecio de Paula	-		215.288	
	of Contact Person	at (815-8886 de & Daytime Telephone Number	
Enclosed is a check for	r the following amount made	payable to the Florida Depa	irtment 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)	
Ame Divi P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, F1, 32314	Amend Divisio Clifton 2664 E	Address Intent Section on of Corporations Building Executive Center Circle assee, F1, 32301	

Articles of Amendment to Articles of Incorporation of

CLASSIC RESCREENING INC.

(Name of Corporation as curren	tly filed with the Florida Dept. of State)
P16000019006	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
(Stating address MAY DIST VOT VOT VOT VOC	
	
	<u>8:</u>
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager	ıt:
Thereby accept the appointment as registered agent. I am familian	
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.

Example: X Change	<u>РТ</u>	John Doe		
-				
X Remove	$\underline{\mathbf{V}}$	Mike Jones		
<u>X</u> Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	Р	FELIPE RIZZINI	2129 CASS ST	
Add Add			SARASOTA, FL 34231	
Remove				
2) Change				
Add				
Remove				
3) Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

It amending or add	ng additional Articles, enter change(s) here:
Attach additional sh	rets, if necessary) — (Be specific)
	•
nravisians for impl	ovides for an exchange, reclassification, or cancellation of issued shares, ementing the amendment if not contained in the amendment itself:
(if not applicab	e, indicate N A)

The date of each amendment(s) a date this document was signed.	adoption:	, if other than the
date this document was signed,		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date vepartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were ac by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were acception was not required.	lopted by the incorporators without shareholder action and shareholder	
02/28/201 Dated	9	
Signature _ * _ 2	A CONTRACTOR OF THE PARTY OF TH	
(By a select	director, president of other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary)	
	MITHERMAY T GARCIA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	