P16000023816

(Re	questor's Name)	, " . <u></u>
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Na	me)
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APR 0 8 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATIO	N: Top Sales	and Service of	of Florida	Inc.
DOCUMENT NUMBER: _	P16	6000023816		
The enclosed Articles of Ame	ndment and fee are su	bmitted for filing	ļ .	
Please return all corresponden	ce concerning this ma	tter to the followi	ing:	
		Valerie C	ortinas	
		Name of Cont	tact Person	
		Swyft F	ilings	
		Firm/ Cor		
12605 East Freeway, Suite 509				
Address				
Houston, Tx 77015				
		City/ State and	d Zip Code	
		filings@swyf	Hilings co	nm.
E-	mail address: (to be us	sed for future ann	ual report r	notification)
For further information concer	ning this matter, pleas	se call:		
Valerie Co	rtinas	at (877	777-0450
Name of Conta	ect Person		Area Cod	e & Daytime Telephone Number
Enclosed is a check for the fol	lowing amount made	payable to the Flo	orida Depar	rtment of State:
	\$43.75 Filing Fee & Certificate of Status	Certified Cop (Additional copenciosed)	ру	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendment Division of P.O. Box 63 Tallahassee,	Section Corporations 27		Division Clifton l	Address nent Section n of Corporations Building tecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

,	Articles of Inco	rporation		
-	Top Sales and Service	e of Florida Inc.		
		filed with the Florida Dept. of State)		
	(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this F.	lorida Profit Corporation adopts the follow	wing amendme	ent(s) to
A. If amending name, enter the new name	of the corporation:			
Top Sales and Service F	L Inc.		The new	,
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association	on "Corp," "Inc," or "C	o". A professional corporation name mu .A."	abbreviation	2
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		N/A		
			· —,	
C. Enter new mailing address, if applicab	· ole:			
(Mailing address MAY BE A POST OF)		N/A		
			The Cite	28
				APR
			53	Ř -5
D. If amending the registered agent and/o new registered agent and/or the new re		ss in Florida, enter the name of the		
	N/A			7 X
Name of New Registered Agent	19/7		- 0,7	7: 1
				-
	(Florida stree	et address)		
New Registered Office Address:		Florida	7:- C- da)	
	(1	City) (3	Zip Code)	
	•			
New Registered Agent's Signature, if char I hereby accept the appointment as registere		ith and accept the obligations of the position	on.	
	Signature of New Re	gistered 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	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change		N/A	
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Add			
Kellove			
6) Change			
Add			
Remove			

ach additional sheets, if hecessary).	(Be specific)			
N/A				
				<u> </u>
				
	· · · · · · · · · · · · · · · · · · ·			
n amendment provides for an exch	ange, reclassification, or	cancellation of issu	ed shares,	
rovisions for implementing the ame	ndment if not contained	<u>in the amendment it</u>	tself:	
(if not applicable, indicate N/A)				
N/A				
				 '
			·	
				

The date of each amendment(s) adoption:	han the
Effective date <u>if applicable:</u> (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 date will not be liste document's effective date on the Department of State's records.	d as the
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ 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.	
Dated3/31/2016	
Signature and Signature	
(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 court	
appointed fiduciary by that fiduciary)	
Antonio Geraci	
(Typed or printed name of person signing)	
President	
(Title of person signing)	