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(Ad	dress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
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APR 11 2016 R. WHILE SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: DELTONA BOB	CAT SERVICES CORP	
DOCUMENT NUMB	ER: P16000025553		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	ter to the following:	
:	MIKE MENDEZ		
-		Name of Contact Person	1
-	<u> </u>	Firm/ Company	
:	533 W PENNSYLVANIA A	VE	
-	_	Address	
	DELAND, FL 32720		
-		City/ State and Zip Code	e
MME	NZ8413@ATT.NET		
	~	sed for future annual report	notification)
For first and information	,	o calle	•
ror luriner information	concerning this matter, pleas	e can:	
MIKE MENDEZ		at (216-3220
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment 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 Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

FILED

Articles of Amendment

to
Articles of Incorporation
of

16 APR - 4 AM 10: 10

SECRETARY OF STATE

/Daguma	nt Number of Corporation (in	f known)
(Docume	it indiffer of Corporation (i	i kilowii)
arsuant to the provisions of section 607.1006, Florida a Articles of Incorporation:	Statutes, this Florida Profit (Corporation adopts the following amendme
If amending name, enter the new name of the cor	poration:	
•		The new
me must be distinguishable and contain the word Corp.," "Inc.," or Co.," or the designation "Corp," ord "chartered," "professional association," or the a	"Inc," or "Co". A profes.	
Enter new principal office address, if applicable: rincipal office address <u>MUST BE A STREET ADD</u>	<u>PESS</u>)	
Enter new mailing address, if applicable:	- 	
(Mailing address MAY BE A POST OFFICE BOX		
•		
If amending the registered agent and/or registered new registered agent and/or the new registered of		enter the name of the
new registered agent and/or the new registered o	nce audress.	
Name of New Registered Agent		
	(Florida street address)	
	(1 for the street duaressy	
New Registered Office Address:	(City)	, Florida (Zip Code)
	(City)	(Lip Couc)
		the obligations of the position.
		the obligations of the position.
ew Registered Agent's Signature, if changing Regis hereby accept the appointment as registered agent. I		the obligations of the position.

	•		
*address of each Officer (Attach additional sheet: Please note the officer/d P = President; V= Vice Executive Officer; CFO held. President, Treasur Changes should be noted	and/or is, if necessivector till President Chief er, Director d in the faves the cares	Director being added: sary) le by the first letter of the office title: lt; T= Treasurer; S= Secretary; D= Director, Financial Officer. If an officer/director hold for would be PTD. collowing manner. Currently John Doe is listed corporation, Sally Smith is named the V and S	officer/director being removed and title, name, and TR= Trustee; C = Chairman or Clerk; CEO = Chief is more than one title, list the first letter of each office if as the PST and Mike Jones is listed as the V. There is These should be noted as John Doe, PT as a Change,
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>	Name	<u>Addres</u> s
1) Change	V	RUBEN OTANO	1094 OUTLOOK DR
X Add		,	DELTONA, FL 32725
Remove			
2) Change	·	· · · · · · · · · · · · · · · · · · ·	. •
Add			
Remove			
3) Change	·		
Add			
Remove		·	
4) Change			
Add			·
Remove			
5) Change			
Add			
Remove			

6) ____ Change

Add

Remove

•	(Be specific)				
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an amendment provides for an excherovisions for implementing the amen	inge, reclassific	cation, or cancella	tion of issued sha	res,	
an amendment provides for an exchaprovisions for implementing the amen (if not applicable, indicate N/A)	nge, reclassific dment if not co	cation, or cancella ontained in the am	tion of issued sha endment itself:	res,	
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•	MARCH 30, 2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(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 repartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were as by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	•
"The number of votes case	t for the amendment(s) was/were sufficient for approval	
by	,,	
	(voting group)	
☐ The amendment(s) was/were accion was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were as action was not required.	lopted by the incorporators without shareholder action and shareholder	
MARCH Dated	30, 2016	
	1.01	
Signature	Julia Homa	
(By a	director, president or other officer - if directors or officers have not been	
	od, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoi	nted fiduciary by that fiduciary)	
	YOHANY OTANO	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	<u> </u>