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(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)
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08/04/17--01029--001 **43.75

AUG 10 2017

R. WHITE

COVER LETTER

O: Amendment Section Division of Corporations			
DOCUMENT NUMBER: P1600034165			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Yvonne Poindexter			
Name of Contact Person			
Firm/ Company			
Address			
16395 S Header Canal Port St. Lucie FL 34987			
City/ State and Zip Code			
service @ dustbusters flicom			
E-mail address: (to be used for future annual report notification)			
for further information concerning this matter, please call:			
Judane Poinderter 374, 579-6356			
Name of Contact Person at (1) 3 579-6356 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation

If a transfer

	O!	of _	
Dustbusters	Internat	honal Inc	
		ntly filed with the Florida Dept. of State)	_
P 1/200	00034165		
	(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607,10 its Articles of Incorporation:	06, Florida Statutes, this	is Florida Profit Corporation adopts the following amendment(s	i) to
A. If amending name, enter the new nam	e of the corporation:		
NIA		The new ion," "company," or "incorporated" or the abbreviation	
"Corp.," "Inc.," or Co.," or the designation word "chartered," "professional association. B. Enter new principal office address, if a (Principal office address MUST BE A STR) C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	n," or the abbreviation applicable: EET ADDRESS) ble:	"Co". A professional corporation name must contain the "P.A." N/A N/A	
D. If amending the registered agent and/onew registered agent and/or the new r	egistered office addres	<u>256:</u>	
Name of New Registered Agent	Yusane Pa	oindert	
New Registered Office Address:	U395 SI (Florida st Port St. Lu	Header and Superior (City) Header Cinal Florida 34987 (City) 74987	
New Registered Agent's Signature, If cha I hereby accept the appointment as registere		nt: r with and 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 charte if nagavean)

(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>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	<u>P</u>	youne Poinderlet	6395 Strader Conal Port St. Lucio FL 3498
Remove			
2) X Change	VP	Toda Poindayer	6395 S Hador (cna) Porisi Luio Fl 3498 7
Add Remove			POPIST LUCO FL3498'/
3) Change		<u> </u>	
Add			
4) Change			
Add			
5) Change			
Add			
6) Change			
Add			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)	
	NA	
	IVIA	<u></u>
		
	 	
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	numeric if not contained in the amendment tisen.	
(3,	NIA	
	,0,7,1	
		-,-

The date of each amendment(s) adoption:	NA	, if other than the
date this document was signed.	NIA	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date	
	(no more inan 90 days after amenament file date	7)
Note: If the date inserted in this block does no document's effective date on the Department of S	of meet the applicable statutory filing requirement State's records.	nts, this date will not be listed as the
Adoption of Amendment(s) (CHI	ECK ONE)	
☐ The amendment(s) was/were adopted by the s by the shareholders was/were sufficient for ap	shareholders. The number of votes cast for the ampproval.	nendment(s)
	shareholders through voting groups. The following group entitled to vote separately on the amendment	
	dment(s) was/were sufficient for approval	
by(voti	<i>1A</i>	
(voti	ing group)	
☐ The amendment(s) was/were adopted by the b action was not required.	board of directors without shareholder action and	shareholder
The amendment(s) was/were adopted by the in action was not required.	incorporators without shareholder action and share	cholder
Dated 6/2	7/17.	
Signature	2/17	
(By a director, presid	dent or other officer - if directors or officers have	
selected, by an incor appointed fiduciary	rporator – if in the hands of a receiver, trustee, or by that fiduciary)	other court
<u> </u>	Typed or printed name of person signing)	
<i>_</i>	President	
	(Title of person signing)	