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SECRETARY OF STATE
STATE OF CORPORATIONS
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JUN 3 0 2016

C LEWIS

COVER LETTER

*

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Diversified Home	Services, Inc.	
DOCUMENT NUM	P16000035623		
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Dorothy Johnson		
		Name of Contact Person	1
	Diversified Incorporation Ser	rvice	
		Firm/ Company	
	13154 Spring Hill Dr.		
		Address	
	Spring Hill, FL 34609		
		City/ State and Zip Cod	e
dorot	hy@thecorporationservicecon	npany.com	
	• •	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se calt:	
Dorothy Johnson		at (³⁵²	683-5198
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Diversified Home Services, Inc.

2016 JUN 27 PM 1: 44

to

		5010 00.	
(<u>Name of Corporati</u>	on as currently filed with	the Florida Dept. of State)	
P16000035623			
(Docun	nent Number of Corporation	ı (if known)	
Pursuant to the provisions of section 607.1006, Floridatis Articles of Incorporation:	a Statutes, this Florida Prof	Fit Corporation adopts the follo	wing amendment(
A. If amending name, enter the new name of the co	orporation:		
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	" "Inc," or "Co". A pro		
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
D. If amending the registered agent and/or register new registered agent and/or the new registered		da, enter the name of the	
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		. Florida	
	(City)		Zip Code)
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ept the obligations of the position	on
Sign	ature of New Registered Ag	 vent 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>PT</u>	John De	<u>oe</u>	
X Remove	V	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	PS		Mario Cardenas	11225 Timbercrest Rd
Add				Spring Hill, FL 34608
Remove				
2) Change		_		
Add				
Remove				
3) Change				
Add				***************************************
Remove				<u> </u>
4) Change				
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change				
		_		A MAN TO STATE OF THE STATE OF
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	• • • • • • • • • • • • • • • • • • •
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	pption:	Dr. 21 til omer man me
date this document was signed.	JIVISION OF CO	REPORATION
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	PM 1: 44
Note: If the date inserted in this bloodcument's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adop by the shareholders was/were suf	ited by the shareholders. The number of votes east for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adoptaction was not required.	sted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopaction was not required.	oted by the incorporators without shareholder action and shareholder	
Dated 'P &	20/16	
Signature	ruly Carolador A	
(By a di	rector, president or other officer – if directors or officers have not been	
	, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
•••		
	Emily Cardenas	
	(Typed or printed name of person signing)	
,	Vice President	
-	(Title of person signing)	