## P16000054710

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## **COVER LETTER**

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TO: Amendment Section Division of Corpo						
•		- ( 200				
NAME OF CORPOR	ATION: Val	et Corpo	m(9+101)			
DOCUMENT NUMB	ER:	et Corpo 600005471	0	,		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	BRYA	2 Neumai	77			
-		Name of Contact Person	n	<del></del>		
	Valet	Name of Contact Person				
•		Firm/ Company				
	7512 T	DR. Phillips	BIND STE	, 335		
-						
	ORLANDO	City/State and Zip Cod	32819			
-	1	City/ State and Zip Cod	e			
	Valetco	RODENTION & a	ol.com			
		sed for future annual report				نيز.
	D mail address. (10 oc a.	ned for factare difficult report	Houncattony	?	ca ca	
For further information	concerning this matter, pleas	se call;		( ; ;		92
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COLEN	Jeumany	at (321	945045	- ,	ள் க	응국
Name o	f Contact Person		de & Daytime Telephone Nu	mber	×	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:		PH 4: 57	TATE
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			) NS
	ing Address	·	Address			
Ame	ndment Section	Ameno	lment Section			

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## Articles of Amendment

to
Articles of Incorporation

	es of incorporation
Valet Gepor	4+10N
	currently filed with the Florida Dept. of State)
P16000054710	P160000 54710
(Document No	umber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statut its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation	tion:
	The new reporation," "company," or "incorporated" or the abbreviation c," or "Co". A professional corporation name must contain the viation "P.A."
B. Enter new principal office address, if applicable:	7512 DR. Phillips Blua
(Principal office address MUST BE A STREET ADDRESS	
	OR 1ANDO FL. 32819
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7512 DR Phillips Blup STE 335 CORLAHDO, FL- 328195
	STE 335 2 0
	O 15 (APD ) FL- 220
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office	
Cole	= Neumann = 3
The state of the s	<del></del>
2430 C	liFFdale ST-
<b></b>	
New Registered Office Address:	coee .Florida 3476
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	
Signature o	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>PT</u> <u>John I</u>	<u> </u>	
X Remove	<u>V</u> <u>Mike</u> .	Jones	
X Add	SV Sally S	Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSD	Keynel R. CORTEZ	2562 MaguirE Rd
Add Remove		[	#27+ Ococe, FL 34761
2) Change Add	<u>PSD</u>	BRYAN S. Neumann	7512 DR. Phillips Blud Ste. 335
Remove 3 ) Change Add	<u>T</u>	ARturo Apante	ORIANDO, FL 32819 2562 Magnire Rd Ft 274
Remove  4) Change		COLE NEUMANN	Ocoee, FL. 34761  7512 Dr. Phillips Blus  STE 335  ORlando FL 32819
Remove  5) Change Add			
Change			
Add Remove			

	If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)				
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an amendm:	nt provides for an excl	hange, reclassifica	tion, or cancellati	on of issued theres	
provisions for	implementing the ame	endment if not con	tained in the ame	ndment itself:	1
(if not app	licable, indicate N/A)				
				•	
				<del></del>	

The date of each amendment(s) adopt	ion:7 - / - / 8	, if other than the
date this document was signed.		
Effective date if applicable:	7-1-18	
	(no more than 90 days after amendment fil	le date)
Note: If the date inserted in this block document's effective date on the Departs	does not meet the applicable statutory filing requinent of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffici	by the shareholders. The number of votes cast for tent for approval.	he amendment(s)
	d by the shareholders through voting groups. The for voting group entitled to vote separately on the ame	
	he amendment(s) was/were sufficient for approval	
by	(voting group)	
,	(voting group)	
	by the board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and	l shareholder
Dated	-28518	
Signature	pas 1 /st	<u>&gt;</u>
	or, president or other officer - if directors or officer	
	an incorporator – if in the hands of a redeiver, trust	ee, or other court
appointed i	iduciary by that fiduciary)	
	ARturo Apont	·E
	(Typed or printed name of person signing)	
	TREASURER	
	(Title of person signing)	