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COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: SB GENERAL SER VICES CORP					
DOCUMENT NUMBER: <u>P160000 66 229</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
WANDERLEY DIAS RODRIGUES Name of Contact Person					
SB GENERAL SERVICES CORP Firm/Company 1074 S MILI TARY TRAIL 101 Address					
1074 S MILI TARY TRAIL 101 Address					
DEERFIELD ISCACH FL 33442 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (305) 896-5761 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 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					
Mailing Address Amendment Section Street Address Amendment Section					

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

SB	beneval	Securos	CORD
(Name o	f Corporation as currently		
DI	1,00001	(-229	
	(Document Number of	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>F</i>	ilorida Profit Corporation ad	lopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:		
			The new
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associal	ation "Corp," "Inc," or "C	lo". A professional corpora	orated" or the abbreviation
B. Enter new principal office address, i (Principal office address MUST BE A ST			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST (
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the nar	ne of the
Name of New Registered Agent			AFFIC SCHOOL Inc.
	1550 N AN	DREWS AVE	
New Registered Office Address:	POMPANO BO		, Florida <u>3306)</u> (Zip Code)
New Registered Agent's Signature, if cl	hanging Registered Agent:		
I hereby accept the appointment as regist	ered agent. I am familiar w	ith and accept the obligation	is of the position.
	Signature of New Re	sistered Agent, if changing	BCT 17
	V	1	

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 <math>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 Doe</u>	
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			
Add			
Remove			
2)Change	_		
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<u></u> .		
Add			
Remove			·
6) Change			
Add			
Remove			

E. <u>If amending</u> (Attach <i>addi</i>	g or ac	lding addit sheets, if ne	ional Arti	cles, enter o	hange(s) he	<u>ere</u> :			
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AUP	Jr	ma	~u	and	Tro	-frc	Scho	of name	
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	for im	plementin	g the amer	ange, reclas adment if n	ssification, c ot contained	or cancella: I in the am	<u>tion of issued</u> endment itse	<u>shares.</u> l <u>f:</u>	
(if not	applice	able, indica	ite N/A)						
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date this document was signed.	ption:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this blo document's effective date on the Department.	ck does not meet the applicable statutory filing requirements, this date will not be listed as the trument of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
☐ The amendment(s) was/were adopt by the shareholders was/were suffi	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.
	ved by the shareholders through voting groups. The following statement sich voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(voting group)
The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder
DatedNO_/	12/2016
(By a dire selected,	ctor, 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 fiduciary by that fiduciary)
~	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
_	PRESIDENTE
	(Title of person signing)