## P16000077122

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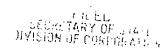
NOV - 1 2016

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ION: FOS CLEANING	SERVICES INC			
DOCUMENT NUMBER	P16000077122				
The enclosed Articles of A	mendment and fee are su	bmitted for filing.			
Please return all correspond	dence concerning this ma	tter to the following:			
SA	NDRA COLON				
Name of Contact Person					
FOS	FOS CLEANING SERVICES INC				
<del></del>	Firm/ Company				
1050 REGAL POINTE TERRACE APT 114					
Address					
LAI	LAKE MARY, FL 32746				
City/ State and Zip Code					
FOSCLE	ANINGSERVICE@GMA	AIL.COM			
	-	sed for future annual report	notification)		
For further information cor	ncerning this matter, pleas	se call:			
SANDRA COLON		at ( 215	253-1212		
Name of Co	ontact Person		de & Daytime Telephone Number		
Enclosed is a check for the	following amount made	payable to the Florida Depa	rtment 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)		
Division P.O. Box	ent Section of Corporations	Amend Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle assee, FL 32301		

## Articles of Amendment to Articles of Incorporation of



2016 OCT 31 PM-1: 10

## FOS CLEANING SERVICES INC

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following its Articles of Incorporation:  A. If amending name, enter the new name of the corporation:  N/A  name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must oward "chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  LAKE MARY, FL 32746	_The new bbreviation contain the
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(Principal office address MUST BE A STREET ADDRESS)  LAKE MARY, FL 32746  C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  1050 REGAL POINTE TERRACE APT 114	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mailing address MAY BE A POST OFFICE BOX)	
LAKE MARY, FL 32746	1
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent SANDRA COLON	
1050 REGAL POINTE TERRACE APT 114	
(Florida street address)	
New Registered Office Address: LAKE MARY , Florida 32746	
(City) (Zip C	

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 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) X Change	D	OSCAR LENIS	1050 REGAL POINTE TERRACE
Add			APT 114
Remove			LAKE MARY, FL 32746
2) X Change	D	SANDRA COLON	1050 REGAL POINTE TERRACE
Add			APT 114
Remove			LAKE MARY, FL 32746
3) X Change	D	MARIA F SANDOVAL	1050 REGAL POINTE TERRACE
Add	<del></del>		APT 114
Remove			LAKE MARY, FL 32746
4) Change		_	
Add			
Remove			
5) Change		_	_
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
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f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:
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	OCTOBER 26,2016		of the La	,
The date of each amendment(s)	adoption:		- 、 ったしBETA花子 ①	F. if other than the
date this document was signed.			DIVISION OF COR	LORATO -
Effective date if applicable:	CTOBER 26, 2016		2016 OCT 31 A	*M 1: LA
	(no more than 90 d	ays after amendment file da	ite)	<del></del>
<b>Note:</b> If the date inserted in this document's effective date on the I	block does not meet the applicable Department of State's records.	le statutory filing requireme	ents, this date will	not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The nu sufficient for approval.	umber of votes cast for the a	mendment(s)	
	pproved by the shareholders through or each voting group entitled to vote			
	st for the amendment(s) was/were so			
by	(voting group)	**		
.,	(voting group)			
action was not required.	dopted by the board of directors wit dopted by the incorporators without			
action was not required.				
10/26/20	16			
Dated	1 1			
Signature (	Jandra I lobi	S		
	director, president or other officer	- if directors or officers hav	e not been	_
	ted, by an incorporator – if in the ha			
арро	inted fiduciary by that fiduciary)			
	SANDRA COLON			
	(Typed or printed nan	ne of person signing)		<del></del>
	DIRECTOR			
	(Title of p	erson signing)		