P16000080167

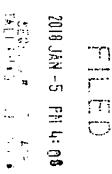
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Amend

JAN - 8 2018 I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FA & NH SERVIC	CES, INC 			
DOCUMENT NUMB	ER: P16000080167				
	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following:			
ł	IDENCIO ABONZA				
-	Name of Contact Person				
Ī	FA & NH SERVICES, INC				
-		Firm/ Company			
į	119 SW 17TH ST. APT A				
_	Address				
I	FT PIERCE, FL 34950				
-		City/ State and Zip Cod	e		
ndb21:	57@yahoo.com				
	=	ed for future annual report	notification)		
	concerning this matter, pleas		250 0155		
Niekie D. Brown		at (
Name o	Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	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		Amend Divisio Clifton 2661 F	Address Iment Section on of Corporations Building Executive Center Circle Eassee, FL 32301		

Articles of Amendment to Articles of Incorporation of

FA & NH SERVICES, INC a (Name of Corporation as currently filed with the Florida Dept. of State) P16000080167 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abiveviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STRZET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar 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 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>Joh</u>	n Doe			
X Remove	<u>V</u> <u>Mil</u>	Mike Jones			
X Add	<u>SV</u> <u>Sall</u>	Sally Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	V	NOE HERNANDEZ	851 S JENKINS RD		
Add			FT PIERCE, FL 34947		
X Remove					
2) Change	V	EDITH ABONZA	319 SW 17TH ST APT B		
X Add			FT PIERCE, FL 34950		
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change					
Add					
Remove					
6) Change					
Add					
Remove					

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
<u> </u>	
-	
-	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indifferent if not contained in the amendment itself.
	

	11/3/2017	'Carlo abouth
The date of each amendment() date this document was signed.	s) adoption:	, il other than the
-	11/3/17	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	his block does not meet the applicable statutory filing requirements, this date Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes east for the amendment(s e sufficient for approval.)
	approved by the shareholders through voting groups. The following stateme for each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholde	r
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder	
Dated	3 79 17	•
Signature <u>F</u>	idencio Abonza a director, president or other officer – if directors or officers have not been	
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other courbointed fiduciary by that fiduciary)	I
	FIDENCIO ABONZA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	· · · · · · · · · · · · · · · · · · ·