## P16000 097 775

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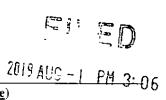
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: DOXX MULTISE	RVICES INC			
	MBER: P16000097775				
The enclosed Article	es of Amendment and fee are su	ibmitted for filing.			
Please return all com	respondence concerning this ma	tter to the following:			
	MRS XIOMARA BOADA [	DEL VALLE			
		Name of Contact Perso	n		
	DOXX MULTISERVICES INC				
	Firm/ Company				
	2911 S CONGRESS AVE S	TE 106			
	Address				
	PALM SPRINGS FLORIDA,33461				
		City/ State and Zip Cod	e		
For further informati	E-mail address: (to be use on concerning this matter, please	sed for future annual report se call:	notification)		
XIOMARA BOAD	۸	786	3780121		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check t	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)		
	ailing Address	Street Address			
	nendment Section	Amend	lment Section		
Di	vision of Corporations	Divisio	on of Cornorations		

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

## **Articles of Amendment Articles of Incorporation**



DOXX MULTISERVICES INC

(Name	of Corporation as curren	tly filed with the Florida Dept. of State)		
P16000097775				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new na	ame of the corporation:			
		The new		
	nation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the		
B. Enter new principal office address, if applicable:		2911 S CONGRESS AVE STE 106		
(Principal office address MUST BE A S		PALM SPRINGS FLORIDA,33461		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2911 S CONGRESS AVE STE 106		
		PALM SPRING FLORIDA.33461		
D. If amending the registered agent an				
new registered agent and/or the new	w registered office address ORLANDO J MAGO BO			
Name of New Registered Agent	OKLANDO J MAGO BO	JLIVAK		
	2911 S CONGRESS AV			
	•	treet address)		
New Registered Office Address:	PALM SPRINGS	, Florida		
		(City) (Zip Code)		
New Registered Agent's Signature, if c	hanging Registered Agen	it:		
I hereby accept the appointment as regist	ered 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:	e, ana Sai	uy Smith, SV as an Add.	
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>	Name	<u>Addres</u> s
1) Change		N-A	N-A
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
			·
6) Change			
Add			
Remove			

By signing this docum	sheets, if necessary).				
·	ent I just requesting	a change of address	to 2911 S Congress	s Ave set 106 Palm Sp	oring Florida,3346
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If an amendment r	provides for an exch	nange, reclassificat	ion, or cancellation	of issued shares,	
provisions for im-	ble, indicate N/A)	nument if hot cont	amed in the amend	ment itseit:	
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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
*	7-24-2019	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this date Department of State's records.	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 number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were a must be separately provided f	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
action was not required.	lopted by the incorporators without shareholder action and shareholder	
07-24-20 Dated		
Signature		
SCICCI	director, president or other efficer—if directors or officers have not been ed, by an incorporator—if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)	
	XIOMARA BOADA	
	(Typed or printed name of person signing)	<u> </u>
	PRESIDENT	
	(Title of person signing)	