P1700000445

| (Requestor's Name) | | |
|---|------|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT | MAIL | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | · | |
| Special Instructions to Filing Officer: | | |
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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | ORATION: MSG SERVICES | S CORP | | |
|--|---|---|--|--|
| DOCUMENT NUM | D17000001415 | | | |
| The enclosed Article | es of Amendment and fee are su | abmitted for filing. | | |
| Please return all cor | respondence concerning this ma | itter to the following: | | |
| | PAULO GOMES | | | |
| | | Name of Contact Person | n | |
| | GOMES INSURANCE & ACCOUNTING CORTP | | | |
| | • | Firm/ Company | <u> </u> | |
| | 129 SW 15TH STREET | This Campany | | |
| | | Address | | |
| | DEERFIELD BEACH FL 33 | 3441 | | |
| | | City/ State and Zip Cod | e | |
| nau | lo@gomesins.com | | | |
| | | sed for future annual report | notification) | |
| | | to for facare annual report | nouncation, | |
| For further informat | ion concerning this matter, pleas | se call: | | |
| Paulo Gomes | | 954 at (| 5631-1451 | |
| Paulo Gomes at (954) 5631-1451 Name of Contact Person Area Code & Daytime Telephone N | | de & Daytime Telephone Number | | |
| Enclosed is a check | for the following amount made | payable to the Florida Depa | artment of State: | |
| S35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | ☐\$52.50 Fiting Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Ai Di P, | ailing Address mendment Section vision of Corporations O. Box 6327 illahassee, FL 32314 | Amend Divisio Clifton | Address Iment Section on of Corporations Building .xecutive Center Circle | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

MSG SERVICES CORP

| (Name of Corporation as currently | filed with the Florida Dept. of State) | |
|--|---|-----------------------|
| P17000004415 | | |
| (Document Number of | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation: | Clorida Profit Corporation adopts the follo | owing amendment(s) to |
| A. If amending name, enter the new name of the corporation: | | |
| AC SPECIALISTS CORP | | The new |
| name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F | o". A professional corporation name n | he abbreviation |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | | |
| 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 addressive registered agent and/or the new registered office address: | ss in Florida, enter the name of the | TILET FILET |
| new registered agent and/or the new registered office address. | | ي آي |
| Name of New Registered Agent | | <u> </u> |
| (Florida stre | et address) | |
| | • | |
| New Registered Office Address: (0 | , Florida City) | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the positi | ion. |
| Signature of Many Ba | gistered 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 | PT | John Doe | |
|----------------------------|---------------|-------------|-----------------|
| X Remove | <u>v</u> | Mike Jones | |
| | | | |
| <u>X</u> 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 | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| Attach additional sheets, if necessary) | rticles, enter change(s) here:). (Be specific) |
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| lf an amendment provides for an exc | change, reclassification, or cancellation of issued shares, |
| provisions for implementing the an | nendment if not contained in the amendment itself: |
| (if not applicable, indicate N/A) | |
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| The date of each amendment(s) adoption: | , if other than the |
|--|------------------------------------|
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records. | nis date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amenda by the shareholders was/were sufficient for approval. | nent(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following st must be separately provided for each voting group entitled to vote separately on the amendment(s) | |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required. | holder |
| The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required. | er |
| Dated 2/4/19 | |
| Signature 1 MV 63 | |
| (By a director, president or other officer - if directors or officers have not | |
| selected by an incorporator – if in the hands of a receiver, trustee, or othe appointed fiduciary by that fiduciary) | court |
| | |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| President | |
| (Title of person signing) | |