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COVER LETTER

TO: Amendment Section Division of Corporations

<u> </u>	
NAME OF CORPORATION: All Star Comp	iance Services. Inc.
DOCUMENT NUMBER: P17000030154	
	e submitted for filing.
 Please return all correspondence concerning this 	matter to the following:
Elaine B. Sandoval	
	Name of Contact Person
All Star Compliance Seri	rices, Inc.
	Firm/ Company
6741 SW 3rd Street	
	Address
Margate, FL 33068	
	City/ State and Zip Code
esandoval@allstarcompliance.g	om
- 1	e used for future annual report notification)
	'
For further information concerning this matter, p	lease call:
Elaine B. Sandoval	at (954) 817-3809 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Department of State:
☐ \$35 Filing Fee ☐ S43.75 Filing Fee Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

All Star Compliance Services, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P17000030154 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 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) 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: (Citr) 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 O	fficers and/or	Directors, er	nter the title and name of each officer/director being removed and title, name, and
address of each Of	fficer and/or I	Director being	g added:
(Attach additional s	sheets, if neces.	sary)	
Please note the offic	cer/director tit	le by the first	letter of the office title:
$P = President; \vec{V} =$	Fice Presiden	t: T= Treasur	er; S= Secretary: D= Director: TR= Trustee; C = Chairman or Clerk: CEO = Chiej
Executive Officer:	CFO = Chief	Financial Off	icer. If an officer director holds more than one title, list the first letter of each office
held. President, Tre	asurer, Direct	or would be f	TD.
Changes should be	noted in the fo	llowing man	er. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is
a change, Mike Jon	ies leaves the c	orporation, \$	ally Smith is named the Y and S . These should be noted as John Doe, PT as a Change,
Mike Jones, V as Re	emove, and Sa.	lly Smith, SV	is an Add.
Example:			
X Change	PT	John Doe	
		\'	
X Remove	<u>V</u>	Mike Jones	
		1	
X Add	SV	 Sally Smith 	

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	<u>D</u>	Marlon J. S	Sandoval Maldonado	6741 SW 3rd Street	
XAdd				Margate, FL 33068	
Remove					
2) Change		_			
Add		ļ			
Remove					
3) Change		_			
Add					
Remove					
4) Change					
Add					
Remove					
5) Change		_			
Add					
Remove				-	
6) Change		_			
Add					
Remove					

. If amending or adding additional Article	s, enter change(s) here:
(Attach additional sheets, if necessary). (Be specific)
	II NIA
· -	
	11
If an amendment provides for an exchan	ge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	ment if not contained in the amendment itself:
	۸ ال
ľ	WA .
	<u> </u>
<u> </u>	
	11

The date of each amendment(s) adoption:	stember 1, 2017	, if other than the
date this document was signed.		
September 1, 201	7	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does no document's effective date on the Department of S	it meet the applicable statutory fifing requirements, this date will n state's records.	of be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
☐ The amendment(s) was/were adopted by the slareholders was/were sufficient for ap	hareholders. The number of votes east for the amendment(s) oproval.	
	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes east for the amend	dment(s) was/were sufficient for approval	
by		
(voli)	ng group)	
☐ The amendment(s) was/were adopted by the b action was not required.	ooard of directors without shareholder action and shareholder	
The amendment(s) was/were adopted by the in action was not required.	ncorporators without shareholder action and shareholder	
September 1, 2017 Dated		
Signature	\-\\\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\	_
(By a director, presid	deter other officer – if directors or officers have not been	-
	porator – if in the hands of a receiver, trustee, or other court	
appointed tiduciary	by that fiduciary)	
Elaine B. Sa	ndoval	
(Typed or printed name of person signing)	
President		
	(Title of person signing)	