## P17000031694

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: LIGHTING HOPE SERVICES INC DOCUMENT NUMBER: P17000031694 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERTO CASTILLERO Name of Contact Person LIGHTING HOPE SERVICES INC Firm/ Company 12202 OLIVE JONES RD Address **TAMPA FL 33625** City/ State and Zip Code CASTILLERO ROBERTO@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ROBERTO CASTILLERO Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

LIGHTING HOPE SERVICES INC		
(Name of Corporation as curre	ently filed with the Florida Dept. of State)	
P17000031694		
(Document Number	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, t its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendmen	ıt(s) to
A. If amending name, enter the new name of the corporation:	<u>u</u>	
LIGHTING BOLT SERVICES INC	.✓ The new	
name must be distinguishable and contain the word "corpord" ("Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," oword "chartered," "professional association," or the abbreviation.	or "Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	P	· <del>···</del> 1
	22. N	Andreas January
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(mailing dudiess MAT BE A FOST OFFICE BOX)		EQ.
D. If amending the registered agent and/or registered office a	address in Florida, enter the name of the	
new registered agent and/or the new registered office add		
Name of New Registered Agent		
(Florida	a street address)	
New Registered Office Address:	, Florida	
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered Ag	gent:	
I hereby accept the appointment as registered agent. I am famili		

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.

X Change	<u>PT</u>	John Doe				
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	<u>nith</u>			
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s		
1) Change		_				
Add						
Remove						
2) Change		_				
Add						
Remove						
3) Change		<del>-</del>				
Add						
Remove						
4) Change		_				
Add						
Remove						
5) Change						
Add						
Remove						
0 0						
6) Change						
Add				<del></del>		
Remove						

шон ишинетин эпесья, у песезмигу).	). (Be specific)
	<del></del>
<u>ın amendment provides for an exc</u>	change, reclassification, or cancellation of issued shares,
ovisions for implementing the am	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) date this document was signed.	doption:	, if other than the
Effective date <u>if applicable</u> :		
<del> </del>	(no more than 90 days after an	nendment file date)
Note: If the date inserted in this document's effective date on the I		filing requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were	opted by the shareholders. The number of vot officient for approval.	tes cast for the amendment(s)
	proved by the shareholders through voting groeen each voting group entitled to vote separately	
	for the amendment(s) was/were sufficient for	• •
by	(voting group)	"
	(voting group)	
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareh	older action and shareholder
☐ The amendment(s) was/were action was not required.	opted by the incorporators without shareholde	er action and shareholder
04/22/20 Dated	2	
	J-7	
Signature		CC . I
	irector, president or other officer - if director d, by an incorporator - if in the hands of a rec	
	ted fiduciary by that fiduciary)	over, masses, or other count
	ROBERTO CASTILLERO	
	(Typed or printed name of person	signing)
	OWNER , AP	
	(Title of nargen signi	no)