orida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002107983)))



H100002107983ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LICENSES ETC INC Account Number : 120070000159 Phone : (239)777-1025

Fax Number : (239) 777-1025

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

ETC@LICENSESETC.COM

RECEIVED 18 JULZ3 AM BEDE ECRETARY OF THE

COR AMND/RESTATE/CORRECT OR O/D RESIGN TCB ENTERPRIZES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$35.00

SCORCIARY OF STAFF

.1111 9 4 7013

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address

Certified Copy

(Additional copy is enclosed)

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certificate of Status Certified Copy

(Additional Copy is enclosed)

From Licenses Etc

(((H180002107983)))

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P17000057485 (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 its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Unlimited Services of North Florida, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or Professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Cross City, Fl. 32628 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 iFlorida street address; Cross City, Fl. 32628 Cross City, Fl. 32628 Florida Florida street address; Cross City, Fl. 32628 Florida Street address; Florida Street address; Florida Street address; Cross City, Fl. 32628 Florida Street address;	
(Pocument Number of Corporation (If known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Unlimited Services of North Florida, Inc. The new name must be divinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or Time," or Time, or Ti	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s its Articles of Incorporation: A. Hamending name, enter the new name of the corporation: Unlimited Services of North Florida. Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," is the designation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word "cinatered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Cross City, Fl. 32628 C. Enter new mailing address, if applicable: (Vailing address MAY BE A POST OFFICE BOX) Cross City, Fl. 32628 D. Hamending 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: **Some of New Registered Agent** **Some of New Registered Agent** Cross City Florida street address **Florida street address Florida 32628 **Some Registered Hiller Address: **Cross City Florida Street address **Florida Street address **Flor	
its Articles of Incorporation: A. If amending name, enter the new name of the corporation: Unlimited Services of North Florida, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," at 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) Cross City, Fl. 32628 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) Cross City, Fl. 32628 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) Ever Registered Office Address: (Florida street address) Florida	
Unlimited Services of North Florida, Inc. The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," are 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) Cross City, Fl. 32628 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Cross City, Fl. 32628 D. Hamending 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) Cross City Fiorida Fiorida Fiorida Fiorida Fiorida Fiorida Fiorida Fiorida	unendinent(s) t
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) Cross City, Fl. 32628 C. Enter new mailting address, if applicable: (Mailting address MAY BE A POST OFFICE BOX) Cross City, Fl. 32628 D. Hamending 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) Cross City Fiorida (Florida street address) Fiorida 2628	
"Corp.," "Inc.," or Co.," in the designation "Corp." "Inc.," or "Cor. A projessional 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) Cross City, FL 32628 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Cross City, FL 32628 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) Cross City Fiorida 32628	
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 BON) Cross City, FL 32628 D. It 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 363 S.W. 10th Street Cross City, FL 32628 D. It amending the registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) Very Registered Office Address: Fiorida Cross City Fiorida (Florida street address)	reviation main the
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) Very Registered Office Address: Cross City. FL 32628 Florida street address: (Florida street address) Florida 32628	
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 363 S.W. 10th Street	
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 363 S.W. 10th Street	
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) Cross City Fiorida 32628	
D. It 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: Sew Registered Office Address: 32628	
Name of New Registered Agent Sew Registered Office Address:	
Name of New Registered Agent (Florida street address) Sew Registered Office Address: Cross City Sew Registered Office Address: 783 S.W. 10th Street (Florida street address) Cross City Fiorida 32628	
Name of New Registered Agent (Florida street address) Sew Registered Office Address: Cross City Sew Registered Office Address: 783 S.W. 10th Street (Florida street address) Cross City Fiorida 32628	-
Name of New Registered Agent Sew Registered Office Address:	
Name of New Registered Agent (Florida street address) Cross City Sew Registered Office Address: 132628 Fiorida	
New Registered Office Address:	
New Registered Office Address:	
Sow Registered Office Address: , Fiorida , Fiorida	
APAC REGISTERA CHINE AUTONI.	
(City) (Zip Code)	(de)
₩	
New Registered Agent's Signature, if changing Registered Agent: Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	_1]
I barehy grount the university as registered agent. Lam familiar with and accept the onligations of the positions	
Thereby accept the appointment as registered agent. I am familiar with and accept the onligations of the position.	ladad 1
Thereby accept the appointment as registered agent. I am familiar with and accept the onligations of the position.	f g f
Thereby accept the appointment as registered agent. Tam familiar with and accept the onligations of the positions. Signature of New Registered Agent, if changing	ز
Thereby accept the appointment as registered agent. I am familiar with and accept the onligations of the positions. Thereby accept the appointment as registered agent. I am familiar with and accept the onligations of the positions. The positions of the positions of the positions of the positions of the positions. The positions of the position of the positions of the position of the positions of the position of the positions of the positi	
(C, E, Y) (LSP)	

(((H180002107983)))

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:

 $P \sim President; \ V \sim Vice \ President; \ T \sim Treasurer; \ S \sim Secretary; \ D \sim Director; \ TR \sim Trustee; \ C \cdots Chairman or Clerk; \ CEO \sim Chief Executive Officer; \ CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	P, CEO	MICHAEL DICKERT	363 S.W. 10th Street
Add			Cross City, FL 32628
Remove			
2) Change			_
Add			
Remove			
3)Change		-	
Add			
Remove			
4) Change		-	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			- -
Add			
Remove			

(((H180002107983)))

Attach <i>additional</i>	ding additional Articles, theets, if necessary). (Bo	: specific)			
<u> </u>					
				, , , ,	
			·		
					
					••
			_ 		
lf an amendment	provides for an exchange	e, reclassification, a	ne cancellation of is	sued shares.	
provisions for in	plementing the amendme	ent if not contained	l in the amendmen	itself:	
(if not applic	ible, indicate N/A)				
					
					-

	(((H180002107983)))
The date of each amendment(s) adoption:	. :f other than the
date this document was signed.	
Effective date if applicable: (no more than 90 days at	ar amendment file date)
Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records.	nory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number by the shareholders was/were sufficient for approval.	of votes east for the amendment(s)
The amendment(s) was/were approved by the shareholders through voti must be separately provided for each voting group entitled to vote sepa-	ng groups. The following statement rately on the amendment(s):
"The number of votes, cast for the amendment(s) was/were sufficient	
by	··
(voting group)	
by	harcholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without share action was not required.	holder action and shareholder
7/16/2018. Dated	
Signature	
Signature (By a director, president or other officer - if d	rectors or officers have not been
selected, by an incorporator - if in the hands of appointed riductary by that fiductary)	f a receiver, trustee, or other court
Michael Dickert	
(Typed or printed name of	person signing)
P. CEO	
(Title of person	signing)