## P170006165

((	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:
	Office Use Only



400311192884

400311192884 04/02/18--01025--022 \*\*\*35.00

2010 APR -2 P # 52

APR 03 2010 T. LEMIEUX



## COVER LETTER

TO: Amendment Section Division of Corporations

 NAME OF CORPOR	ATION: T SERVICES CO	RPORATION INC	
DOCUMENT NUMB	ER:		
The enclosed Articles (	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	JOSE A SOSA		
-		Name of Contact Persor	1
} -		Firm/ Company	
	1225 LORIE CIR		
-		Address	
ľ	BRANDON FL 33510		
		City/ State and Zip Cod	· ·
TELED	VICESCORPORATION & G	MAIL COM	
171.1	·	sed for future annual report	notification)
For further information JOSE A SOSA	concerning this matter, pleas	se call: 813	716-7370
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depc	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 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section			<u>Address</u>
			lment Section
	sion of Corporations Box 6327		on of Corporations Building
•	hassee, FL 32314		Executive Center Circle
			issee FL 32301

## Articles of Amendment to Articles of Incorporation of

## T SERVICES CORPORATION INC.

	(Name of	Corporation as currently	filed with the Florida De	pt, of State)	•
P17000066165					
		(Document Number of	Corporation (if known)		
Pursuant to the pr its Articles of Inco		006, Florida Statutes, this F	lorida Profit Corporation	adopts the following	amendment(s)
A. <u>If amending 1</u>	iame, enter the new nan	ne of the corporation:			
					The new
"Corp , " "Inc., "	or Co.," or the designat	in the word "corporation, tion "Corp," "Inc," or "C on," or the abbreviation "I	o". A professional corpo	porated" or the abl	breviation
	incipal office address, if		<u> </u>		
(Principal office)	dddress <u>MUST BE A ST</u> i	REET ADDRESS )			
					<del></del>
					<del></del>
	illing address, if applicates MAY BE A POST O				
(.vanning aani	<u> </u>	111C1, MV.X		<del></del> -	
D. <u>If amending (</u>	the registered agent and	or registered office addre	ss in Florida, enter the na	ime of the	
new registere	agent and/or the new	registered office address:			
Name of	New Registered Agent				
	-	tFlorida stre	et address)		
New Reg	istered Office Address: _			, Florida	
		11	Cityi	(Zip Ce	ode)
New Registered	Abent's Signature if ch:	inging Registered Agent:		Fs B	
I hereby accept th	iesappointment as register	red agent. – Lam familiar w	ith and accept the obligation	ons of the position.	73
					سنني
				255 255 257 257 257 257 257 257 257 257	5. <u>1. 1</u>
		Signature of New Re	gistered Agent, if changing	T	Enemana E. e. e
				er er	1

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: <u>X</u> Change	PT	John Doe			
X Remove	$\underline{V}$	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	VP	RODOLFO	RAMOS GUTTERREZ	6816 N HALE AVE	;
Add				TAMPA, FL 33614	
X Remove					
2) Change		<del>-</del>			<del>.</del>
Add					
Remove					<del></del>
3 ) Change		<del></del>			
Add					
Remove					
4) Change	··-	_			<del></del>
Add					
Remove					
<i>51</i> Change					
Add					
				<u> </u>	·
Remove					
6) Change					
Add					
Remove					

E. ,	If amending (	r adding additional Articles, enter change(s) here:
•	Attach <i>additi</i>	nal sheets, if necessary). (Be specific)
	_	
	<del></del>	
	- · · · · · · · · · · · · · · · · · · ·	
Ĕ.	If an amendn	rent provides for an exchange, reclassification, or cancellation of issued shares,
•	provisions fo	Trimplementing the amendment if not contained in the amendment itself:
	(if not ap	plicable, indicate N A)

	03/15/2018	
The date of each amendment(:	() adoption:	, it other than the
date this document was signed.		
	03/15/2018	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
	is block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as th
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were by the shareholders was/wei	adopted by the shareholders. The number of votes cast for the amend e sufficient for approval.	dment(s)
	approved by the shareholders through voting groups. The following for each voting group entitled to vote separately on the amendment.	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
py	(voting group)	
1	(voting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder by the incorporators without shareholder action and shareholder action	
03/15/2 Dated Signature	2018	
(By	or treptor, president or other officer – if directors or officers have no ected, by an incorporator – if in the hands of a receiver, trustee, or other officer by that fiduciary)	
	JOSE A SOSA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Fitle of person signing)	