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SECRETARY OF STATE

JUL 18 2018



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	SKILLED SERVIC	ES & SOLUTIO	NS CORI	).
DOCUMENT NUMBER:	7000072953			
The enclosed Articles of Amend	dment and fee are sub	omitted for filing.		
Please return all correspondence	e concerning this mat	ter to the followin	ng:	
DAVILS	ON RODRIGUES			
ADR AC	COUNTING SERVI	Name of Conta	act Person	
	FEDERAL HWY SU	Firm/ Con	прапу	
POMPA	Address POMPANO BEACH, FL 33064			
		City/ State and	Zip Code	,
TRADUTOR@	DAVILSON.COM			
E-m	ail address: (to be use	ed for future annu	ial report i	notification)
For further information concern	ing this matter, please	e call:		
DAVILSON RODRIGUES		at (	954	338-4000
Name of Contac	t Person		Area Coc	de & Daytime Telephone Number
Enclosed is a check for the follo	owing amount made p	ayable to the Flor	rida Depai	rtment of State:
	13.75 Filing Fee & entificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	oy opy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		Amenda Division Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

SKILLED SERVICES & SOLUTIONS CORP.

(Name of Corporat	ion as currently filed with the F	lorida Dept. of State)	
P17000072953			
(Dосш	ment Number of Corporation (if ki	nown)	
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	a Statutes, this Florida Profit Cor	poration adopts the following	g amendment(s) to
A. If amending name, enter the new name of the c	orporation:		
		•	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profession		
B. Enter new principal office address, if applicable	<u></u>		
(Principal office address <u>MUST BE A STREET AD</u>	DRESS )		
	<del></del>		
			<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		<del></del>
	<del></del>		·
D. If amending the registered agent and/or registe	rad affice address in Florida, en	ter the name of the	
new registered agent and/or the new registered		ter the name of the	
Name of New Registered Agent			
Marie of New Nexisteres Agent			
	(Florida street address)		
	(F 10) Idd Sireti Waaresy		
New Registered Office Address:	(City)	, Florida(Zip (	Code)
	(0)	(sap to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			}
New Registered Agent's Signature, if changing Re	zistered Agent:	\[ \frac{1}{2} \\ \f	; 
New Registered Agent's Signature, if changing Re- hereby accept the appointment as registered agent.	I am familiar with and accept the	obligations of the position	<u> </u>
		7358 7887 7 <b>-1</b> -1	
		û.⇔	m
Sion	nature of New Registered Agent, if	Chaneine C	
Sigi	ште од пен педыетен пуст, у	22 T W	<del></del>
		무현	

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: XChange	PT	John Doc	
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>	Address
1) Change	P	JOAO E CORREIA JR	7380 W SAND LAKE RD
Add	<del>.</del>		SUITE 500
X Remove			ORLANDO, FL 32819
X 2) Change	P	OZIELA DE SOUZA	7380 W SAND LAKE RD
Add			SUTTE 500
Remove			ORLANDO, FL 32819
3) Change		_	
Add			
Remove			
4) Change			
Add			<u> </u>
Remove			
5) Change			<del>-</del>
Add			
Remove			
6) Change	<u></u>		
Add			
Remove			

· ·	). (Be specific)
•	
<del></del> .	
<del></del>	
an amendment provides for an exc	change, reclassification, or cancellation of issued shares,
	nendment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) a date this document was signed.	ndoption:	, if other than the
Effective date if applicable:		
E HENDEN	(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date we partment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were ad by the shareholders was/were s	lopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast	t for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
	(voting group)	
☐ The amendment(s) was/were ad action was not required.	lopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	lopted by the incorporators without shareholder action and shareholder	
June 21	. 2018	
Dated	· · · · · · · · · · · · · · · · · · ·	
Signature		_
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other count nted fiduciary by that fiduciary)	
	OZIELA DE SOUZA	
	(Typed or printes name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	<del></del>