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NEVALLESSEE FLORIDE

<u>COVER LETTER</u>

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NORTH AMERIC	CAN RELIEF SERVICES.	INC.	
DOCUMENT NUM	P17000078859			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MICHAEL A. PIZZI, JR.			
		Name of Contact Person	n	
		Firm/ Company		
	6625 MIAMI LAKES DRIV	TE, STE 316		
		Address		
	MIAMI LAKES, FL 33014			
		City/ State and Zip Cod	e	
МРІ	ZZI@PIZZILAW.COM			
	E-mail address: (to be u	sed for future annual report	notification)	
For further informatio	on concerning this matter, pleas	se call:		
MICHAEL A. PIZZI, JR		at (305	777-3800	
Name	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 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			Address	
	endment Section ision of Corporations	Amendment Section Division of Corporations		
P.O	. Box 6327	Clifton	Building	
Tall	lahassee, FL 32314	2661 E	Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to . Articles of Incorporation of

NORTH AMERICAN RELIEF SERVICES, INC

(Name o	of Corporation as currently	filed with the Florida Dept. of State)
P17000078859			
	(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation adopts the f	following amendment(s) to
A. If amending name, enter the new na	ime of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design	tain the word "corporation. ation "Corp," "Inc," or "C	" "company," or "incorporated" of "o". A professional corporation nam	The new r the abbreviation e must contain the
word "chartered," "professional associa	tion," or the abbreviation "P	.A. "	
B. Enter new principal office address, (Principal office address MUST BE A S			
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
D. If amending the registered agent an	d/or registered office addre	ss in Florida, enter the name of the	77. 产
new registered agent and/or the new			
Name of New Registered Agent	MICHAEL A. PIZZI, JR		
	6625 MIAMI LAKES DR.	STE 316	95 5
	(Florida stree	(address)	
New Registered Office Address:	MIAMI LAKES	, Florida	33014
	(0	City)	(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist	ered agent. I am familiar wi	15 M	osition.
	Signature of New Re	gistered 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 Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addreş</u> s
1) Change	P	JOSE A. LOPEZ	15202 SW 39 TERRACE
Add			MIAMI, FL 33185
X Remove			
2) X Change	PST	MICHAEL A. PIZZI, JR	6625 MIAMI LAKES DR.
Add			STE 316.
Remove			MIAMI LAKES, FL 33014
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

ttach additional sheets, if necessar	y). · (Be specific)				

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an amendment provides for an o	ovokanaa roolaesif	ication or cancel	lation of issued	charoc	
rovisions for implementing the	amendment if not o	contained in the a	mendment itself	f:	
(if not applicable, indicate N/A	()				
					
				<u> </u>	
					• • • •

	OCTOBER 13, 2017	
The date of each amendment(s) ac	loption:	, if other than th
date this document was signed.		
	TOBER'13, 2017	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this dat epartment of State's records.	e will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.)
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	nt
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
action was not required. The amendment(s) was/were add action was not required. OCTOBER Dated Signature (By a disclected)	at all	
	MICHAEL A. PIZZI, JR.	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	