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C. GOLDEN FEB - 6 2018

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: 7	Co Services Too			
NAME OF CORPORATION: TD DC OCCUPICES, TIC. DOCUMENT NUMBER: 9 18 00000 5459				
DOCUMENT NUMBER:	005959			
The enclosed Articles of Amendment and fee are su	bmitted for filing.			
Please return all correspondence concerning this mat	tter to the following:			
$\underline{\hspace{1cm}}$	Name of Contact Person			
Their	Name of Contact Person Services, The Firm/ Company			
	Firm/ Company			
514 Cent	Address Fl. 32180 City/ State and Zip Code			
	Address			
Liperson	F/ 32180			
	City/ State and Zip Code			
m 1chacld 711 E-mail address: (to be us	Dusa 2 net. net			
For further information concerning this matter, pleas	se call:			
Tereva Dillon	at (380) 490 - 4018			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made p	payable to the Florida Department of State:			
\$35 Filing Fee	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of

TDDC. Services To	nc.	2013 STD -5 77 ED 3
(Name of Corporation as	C currently filed with the Florida D	Dept. of State)
£ 18 00000 5 W	59	
(Document N	lumber of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statuts Articles of Incorporation:	ites, this <i>Florida Profit Corporatio</i>	n adopts the following amendment(s) to
. If amending name, enter the new name of the corpora	ation:	
TO & C Services.	TOC	The new
name must be distinguishable and contain the word "co "Corp.," "Inc.," or Co.," or the designation "Corp," "In word "chartered," "professional association," or the abbre	orporation," "company," or "inco w," or "Co". A professional corp	
B. Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS	<u>N/F</u>	1
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	- NJA	
). If amending the registered agent and/or registered of new registered agent and/or the new registered office		name of the
Name of New Registered Agent	NA	
(F New Registered Office Address:	NA Florida street address) NA	, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I am fi	d Agent: familiar with and accept the obligat	tions of the position.
Signatura	of New Registered Agent if changi	na .

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)

Example:

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	PT John Do	2	
X Remove	<u>V</u> <u>Mike Jor</u>	<u>nes</u>	
_X Add	SV Saily Sm	<u>iith</u>	
Type of Action (Check One)		Name	Address
1) Change	NA	N/A	NA
Add			
Remove			<u> </u>
2) Change			a t
Add			
Remove		11	
3) Change			
Add			
Remove			
4) Change			10
Add			
Remove			
5) Change	<u> </u>	11	
Add			
Remove			
6) Change	·\	11	
Add			
Remove			

	(Be specific)
•	NIA
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	•
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis
provisions for implementing the ame	ndment if not contained in the amendment itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issued shares, and and in the amendment itself: NIA
provisions for implementing the ame	ndment if not contained in the amendment itself:
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provisions for implementing the ame	ndment if not contained in the amendment itself:

	1-29-09	
The date of each amendment(s) adoption: date this document was signed.		, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not document's effective date on the Department of S	ot meet the applicable statutory filing requirements, this State's records.	date will not be listed as the
Adoption of Amendment(s) (CHE	ECK ONE)	
The amendment(s) was/were adopted by the sl by the shareholders was/were sufficient for ap	hareholders. The number of votes cast for the amendme pproval.	nt(s)
	shareholders through voting groups. The following state group entitled to vote separately on the amendment(s):	ement
	dment(s) was/were sufficient for approval	
by(votin		
(votin	ng group)	
The amendment(s) was/were adopted by the baction was not required.	poard of directors without shareholder action and shareho	older
The amendment(s) was/were adopted by the ir action was not required.	ncorporators without shareholder action and shareholder	
Dated	118	
Signature	usa of Dulp	
	dent or other officer – if directors or officers have not be reporator – if in the hands of a receiver, trustee, or other c	
appointed fiduciary l		our
-1-24-7-7	Teresa K. DILLON	
Γ)	Typed or printed name of person signing)	
	Tresident	
	(Title of person signing)	