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.

(((H19000174137 3)))



H190001741373ABC0

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 : FASTKIT CORP Account Number : I20100000009 : (305)599-0839 Phone

Fax Number

: (305)592-9591

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

Email Address:\_

## COR AMND/RESTATE/CORRECT OR O/D RESIGN DR SERVICE SOLUTIONS INC

2019 HAY

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 0 3 7019

١.

Articles of Amendment
to
Articles of Incorporation
of

DR SERVICE SOLUTIONS INC		<u> </u>				_
(Name of Corporati	on as currently filed	with the Florids De	pt. of State)			
P18000278560						_
(Docum	nent Number of Corpo	ration (if known)	_ <b>,</b>			
Pursuant to the provisions of section 607.1006, Floridate Articles of Incorporation:	Statutes, this Florida	Profit Corporation	sciopts the follow	ving amends	ment(s) t	נ
A. If amending same, enter the new name of the co	orporation:	•				
				The n		
nume must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc, " or "Co".	ompany," or "incorp A professional corpo	porated" or the crotion name mu	abbreviati st contain i	on he	
B. Enter new principal office address, if applicable (Principal office address MUST HE A STREET ADI	ORIESS )				- -	
		······································			_	
C. Enter new mailing address, if soplicable: (Mailing address MAY BE A POST OFFICE BO	<u>)x</u> 7		<u>.</u>	<u> </u>	-	
					- -	
D. If amending the registered agent and/or registered agent and/or the new registered	red office address in office address:	florids, enter the m	ence of the	SEST SEST	19 H	
Name of New Registered Agent	<b>)</b>			<u> </u>	HAY 3	
<u></u>	Florido street addi					! ;~
	(, (), ()		***	· : ::::::::::::::::::::::::::::::::::	⊒ <b>K</b> ≱æ	: 
New Registered Office Address:	(City)		Flonds(2	φ Code	<del>වෙ</del> ලා	`~
				3	7	
New Registered Apent's Signature, Il changing Reg. I hereby accept the appaintment as registered agent.	ristered Apeat; I am familiar with an	d accept the obligation	ons of the positio	n.		
Sign	vature of New Register	ed Agent, if changing	3			
				-		

Page 1 of 4

19 MAY 31 AM 8	
AH 8: 57	O

address of each Officer a (Attach additional sheets, Pleuse note the officer/dir P = President; V= Vice I Executive Officer; CFO held. President, Treasure Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	andfor D if necess rector titl President Chief I r. Directo in the fo ves the c	Pirector beary) Is by the fight of the fight	neing added:  first letter of the officers. If an officer. If an officer anners.  Currently on, Sally Smith is a	fice title:  ary; D= Director; TR= Tr  icer/director holds more the fire th	Firector being removed and title, name ustee; C = Chairman or Clerk; CEO = han one title, list the first letter of each PST and Mike Jones is listed as the V. T. hould be noted as John Doe, PT as a Consulation of the PST and Consulation of the PST as a Consulation of the PST and Consulation of the PST as a Consulation of the PST and Consulation of the PST as a Consul	Chief office here is
Example: X_Change	<u>rr</u>	John De	<u>oc</u>			
X Remove	<u>Y</u>	Mike Je	saç§			
X Add	<u>87</u>	Sally Si	<u>mith</u>			
Type of Action (Check One)	<u>Tide</u>		<u>Name</u>		<u>Arkirua</u> s	
1) Change	_5	_	LAZARO OMA	R SIGLER HEDMAN	440 E 33 ST HTALEAH, FL,33013	
X Add						
Remove						
2)Change	<del></del>	<b>-</b>				
انك ۸						
Remove						
3 ) Change		<del>_</del>	<del></del>	<u> </u>		
Add ·		•		·	- <u> </u>	-14 -14 -14
Remove					TO PA	¥ T
4) Change					<u> </u>	3 -
Add						>PO   T
Кенкома					: G-1	හා වා
					VO.	37
5)Change		<del>-</del>				
Add						
Remove						•
6)Change .		<b>-</b> .				
Add		•				•
Reniovo					•	
•			Pa	 ge 2 of 4		

တ
<b>X</b>
<
ယ
×.
ထဲ
ďΠ

nach additional she	eg additional Articles, enter ets, if necessary). (Be speci	ijīc)		
	•			
	<u></u>			
<del></del>				
	<u> </u>			
		-		
<del></del>				
	<del></del>			
<u></u>				
<del></del>				
	<del></del>	<del></del>		
·				
				<u>'</u>
		,		:•
			tion of issued shares	<u>Ú</u>
33 Stanniment Dr	ovides for an exchange, reci ementing the unicadement if	ant contained in the an	endment ittelf:	
if not applicable	la, indicate N/A)		<del></del>	-1
()			•	<u>'</u>
		<del>-</del>		
			·	
				•
	<u> </u>			
			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	

Page 3 of 4

The date of each smendment(s) adoption:		jifothorthan the
date this document was signed.		
Effective date if applicable: Ino more to	har. 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the adocument's effective date on the Department of State's record	applicable statutory filing requirements, this date will noted	ot be listed as the
Adoption of Amendment(s) (CHECK ONE)		·
The amendment(s) was/were adopted by the shareholders by the shareholders was/were sufficient for approval.	The number of votes east for the animidment(s)	
The amendment(s) was/were approved by the shareholder must be separately provided for each voting group entitle	is through voting groups. The fullowing statement and to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) wa	us/were sufficient for approval	
by		
ty	·	
selected, by an incorporator – if appointed fiduciary by that fiduciary by the fidu	r officer - if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)	FILED  19 HAY 31 AH 8: 87  SECRE WASSEL OF LORROA
PRESIDENT		_ <del></del>
C	Title of person signing)	
	<b>,</b>	
,		

Page 4 of 4