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| (Re | equestor's Name) | | | |
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| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nam | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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COVER LETTER

TO: Amendment Section

| Division of Corporations | | | | |
|---|--|--|--|--|
| NAME OF CORPORATION: 1DS SERVICES CORP DOCUMENT NUMBER: P13000102834 | | | | |
| DOCUMENT NUMBER: P 18000 10 2834 | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all correspondence concerning this matter to the following: | | | | |
| WALTER CRAIG | | | | |
| Name of Contact Person | | | | |
| 1DS SERVICES CORY | | | | |
| Firm/Company 6000 CATTLERINGE DR # 304 | | | | |
| Name of Contact Person 1 DS SERVICES (ORF Firm/Company 6000 CATTLERINGE DR # 304 Address SARASOTA FL 34232 City/State and Zip Code | | | | |
| City/ State and Zip Code | | | | |
| WALTER. CRAIS DIDSLOANS. COM. | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Roser Percew at 407 873 3789. Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | | | |
| S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee Certified Copy (Additional Copy is enclosed) S52.50 Filing Fee Certified Copy (Additional Copy is enclosed) | | | | |
| Mailing Address Amendment Section Street Address Amendment Section | | | | |

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Articles of Amendment Articles of Incorporation of

| 10s SERVICES | CORP |
|--|---|
| (Name of Corporation as cur | rently filed with the Florida Dept. of State) |
| P18000102 | z 834 |
| | ber of Corporation (if known) |
| Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation: | this Florida Profit Corporation adopts the following amendment(s) t |
| A. If amending name, enter the new name of the corporation | <u>n:</u> |
| | The new |
| "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," word "chartered," "professional association," or the abbreviat | |
| B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) | GOOD (ATTLERIDGE DR #304 SARASOTA, FL 34232 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 6000 CATTLERIAGE DR #304 SARASOTA, FL 34232 |
| D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ade | |
| Name of New Registered Agent | |
| (Floria | da street address) |
| New Registered Office Address: | (City), Florida (Ap, Code) |
| New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fami | |
| Signature of N | New Registered 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.

| | ove, ana saay | y Smith, 57 as an Maa. | |
|----------------------------|---------------|------------------------|-------------------------|
| Example: XChange | PT | John Doe | |
| 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> | <u>Addres</u> s |
| 1) Change | P | DAVID SCANLAN | 6000 CATTLERINGE DR #10 |
| Add | * | | SARASOFA, EL 34232 |
| Remove 2)Change | P | WALTER CRAIG | 6000 CATTLERISGE SR #3 |
| Add | | | SARASOTA, FL 34232 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | ig additional Art. ets, if necessary). | (Be specific) | | | | |
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| f an amendment pro | ovides for an excl | hange, reclassific | ation, or cancell | ation of issued sl | nares. | |
| provisions for impl | menting the ame | ndment if not co | ntained in the a | nendment itself: | | |
| | e indicate N/A) | | | | | |
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| The date of each amendment(s) adoption: | , if other than the |
|---|--------------------------------|
| date this document was signed. | |
| Effective date <u>if applicable</u> : | <u> </u> |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records. | date will not be listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval. | t(s) |
| ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s): | nent |
| "The number of votes cast for the amendment(s) was/were sufficient for approval | |
| by" (voting group) | |
| (voting group) | |
| ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | der |
| ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder | |
| Dated | |
| Signature | |
| (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary) | |
| (Typed or printed name of person signing) | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |