P190000 17016

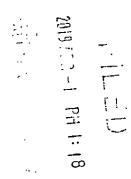
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(9
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500327196895

04/01/19--01030--002 (**43.75



Amendicus

APR 1 1 2019

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	RATION: SUPERIOR MOB	ILE DETAILING INC.		
	BER: P19000017016			
	of Amendment and fee are su			
Please return all corre	espondence concerning this ma	atter to the following:		
	SHANIQUA JACOBS			
		Name of Contact Perso	n	
SUPERIOR MOBILE DETAILING INC.				
		Firm/ Company		
	4689 STAGHORN DRIVE U	• •		
		Address		
	ORLANDO FL 32808	1.04.402		
		City/ State and Zip Cod	e	
SHA	NIQUA JACOBS@YAHOO	.СОМ		
		sed for future annual report	notification)	
		·	·	
For further information	on concerning this matter, pleas	se call:		
SHANIQUA JACOBS		at (407	754-5109	
Name of Contact Person		Area Code & Daytime Telephone Number		
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SUPERIOR MOBILE DETAILING INC.

(Name o	of Corporation as currently	filed with the Florida Dept	i. of State)	
P19000017016				
	(Document Number of	Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation ac	lopts the following ame	endment(s) to
A. If amending name, enter the new na	ame of the corporation:			
			The	new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	lo". A professional corpora		
B. Enter new principal office address, (Principal office address MUST BE A S		4689 STAGHORN DRIVE	E UNIT 200 ORLAND	O F
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)				
			2819	
				— •
D. If amending the registered agent an new registered agent and/or the new		ess in Florida, enter the nan		1
Name of New Registered Agent	SHANIQUA JACOBS			
Hame Willer Registeren rigen				
	(Florida stree	et address)		Ø
New Registered Office Address:	4689 STAGHORN DRIVE	UNIT 200 ORLANDO	. Florida 32808	
New Registered Office Futuress.		City)	(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		ith and accept the obligation.	s of the position.	
S		\int_{Ω}		
	Jugnature fof New Re	ODP 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.

Example: 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)	Title	<u>Name</u>	Address
1) Change	MGR	CARLOS Z MITCHELL	
Add X Remove			
2) Change	CEO	SHANIQUA JACOBS	4689 STAGHORN DRIVE UNIT 2 00
X Add			orlando EL 32808
Remove			
3) Change		<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necesso	ary). (Be specific)			
				
····				
				-
· .	,, 		-	
				-
·				
		-		
·				
			¥- <u>-</u>	
f an amendment provides for an	exchange, reclassific	ation, or cancellatio	n of issued shares,	
provisions for implementing the (if not applicable, indicate N/.	<u>amendment if not co</u>	ntained in the amend	<u>lment itself:</u>	
(y nor approximate) margare (),	,			

The date of each amendment(s) date this document was signed.	3/27/2019 adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	<u>-</u>
Note: If the date inserted in this document's effective date on the E	block does not meet the applicable statutory filing requirements, this date will be partment of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were apmust be separately provided for	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were accition was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	dopted by the incorporators without shareholder action and shareholder	
select	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 court need fiduciary by that fiduciary)	_
	SHANIQUA JACOBS	
	(Typed or printed name of person signing)	
	CEO	
	(Title of person signing)	 -