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COVER LETTER

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NAME OF CORPORATION: ELITE WASH XPERTS INC DOCUMENT NUMBER: P19000066937 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DONNA SMIT Name of Contact Person BREVARD ACCOUNTING GROUP CPAs PA Firm/ Company 150 FORTENBERRY RD VILLA A Address MERRITT ISLAND, FL 32952 City/ State and Zip Code DMS@BAGCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: __at (321 _____) 452-5061 _____ Area Code & Daytime Telephone Number DONNA SMIT

Enclosed is a check for the following amount made payable to the Florida Department of State:

□S43.75 Filing Fee &

Certificate of Status

Mailing Address

Name of Contact Person

S35 Filing Fee

TO: Amendment Section

Division of Corporations

Amendment Section Division of Corporations P.O. Box 6327

Street Address

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(Additional copy is

Certified Copy

enclosed)

Amendment Section Division of Corporations Clifton Building

□\$52.50 Filing Fee

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(Additional Copy is enclosed)

Certificate of Status

Articles of Amendment to Articles of Incorporation of

	the Florida Dept. of State)	
P19000066937		
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Prof</i> eits Articles of Incorporation:	it Corporation adopts the following amend	ment(s)
A. If amending name, enter the new name of the corporation:		
SQUEAKY CLEAN POWER WASHING INC	7.1	
name must be distinguishable and contain the word "corporation," "compan "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or "Co". A prof word "chartered," "professional association," or the abbreviation "P.A."	The n ny," or "incorporated" or the abbreviat fessional corporation name must contain .	ion
B. Enter new principal office address, if applicable:	201	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	SEP	
	. 12	
C. Enter new mailing address, if applicable:	P	. e ii
(Mailing address MAY BE A POST OFFICE BOX)	بب	الاوسىية الا
	26	_
D. If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address:	a, enter the name of the	_
Name of New Registered Agent		
(Florida street address)		
New Registered Office Address:	Florida	_
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		
hereby accept the appointment as registered agent. I am familiar with and accep	ot the obligations of the position.	

Signature of 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)

Remove

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.

Mike Jones, V as Remo Example:	ve, and Sa	lly Smith, SV as an Add.	The state of the s
X Change	<u>PT</u>	John Doc	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change		<u> </u>	
Add			
Remove			
3) Change			
Add			
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4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			

Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
"	
f an amendment provides for an excha	ange, reclassification, or cancellation of issued shares,
<u>provisions for implementing the amen</u>	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
· · · · · · · · · · · · · · · · · · ·	
,	

•	8-29-19	
The date of each amendment(s)		, if other than the
date this document was signed.	20.10	
8- Effective date <u>if applicable:</u>	29-19	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this dat Department of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.)
☐ The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	ıt.
	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were a action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated	29-19	
Signature	director, president or other officer - if directors or officers have not been	
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)	
	ALEX WILLIAMS	
	(Typed or printed name of person signing)	
	OFFICER	
	(Title of person signing)	