## P21000012685

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☐ PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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SECRETARY OF STATE FALLAHASSEE, FLORIDA

FP IO AM 7.

SEP 2 3 2021 S. PRATHER

## COVER LETTER

TO: Amendment Section Division of Corporations	` .	•
NAME OF CORPORATION: DW SKE SAN  DOCUMENT NUMBER: P2/0000	eening Company INC	
DOCUMENT NUMBER: P2/0000	12685	
The enclosed Articles of Amendment and fee are sub-	omitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
STEVEN SHILM	A~	
STEVEN SHALM ON SITE SCILL	Name of Contact Person	
1240 SW SE	Cirin Company	
PORT ST. LUCIE	Address 34987	
	City/ State and Zip Code	
E-mail address: (to be a	Con Oran & GHAIL, CO	ion)
For further information concerning this matter, pleas	e call:	
ANDREW SHULMAN	at ( <u>954</u> , 61	0-9188 .
Name of Contact Person	Area Code & Da	ytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of	of State:
✓ \$35 Filing Fee	Certified Copy Cer (Additional copy is Cer enclosed) (Ad	2.50 Filing Fee tificate of Status tified Copy ditional Copy nclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Se Division of Cor The Centre of	ction porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## Articles of Amendment

to

Articles of Incorporation of

ON SITE SUP	PRIOS COM	BANY INC.			
· <del></del>	rporation as curry	ntiv filed with the Florida D	ept. of State)	1744. 35	9 9 9
		r of Corporation (if known)	·		<u></u>
Pursuant to the provisions of section 607,1006 its Articles of Incorporation:			adopts the follo	wing amond	
A. If amending name, enter the new name of	of the corporation:			STATES LORIDA	7: 25
name must be distinguishable and contain the v "Inc.," or Co.," or the designation "Corp, "chartered," "professional association," or the	" "Inc." or "Co".	A professional corporation	ed" or the abbrev a name must com	iation "Corp ntain the wo	" ord
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE)		1342 SW PATR	ILLA AVE	7//	- tacz
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		12240 SW SE PORT SAIRT LUC	a Spring	, Rs 3498	902 87
D. If amending the registered agent and/or new registered agent and/or the new reg			name of the		-
Name of New Registered Agent	NA	,.		<u>_</u>	
	(Florida	street address;		<del></del>	
New Registered Office Address:	<del></del>	(City)	Florida	Zip Code)	_
New Registered Agent's Signature, if chang I hereby accept the appointment as registered			ions of the positio	DI.	
	Signature of Nev	v Registered Agent, if changin	rg	<del></del>	

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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:

 $P \rightarrow President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer. Director would be PTD.$ 

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	_5	STEVEN SHULMAN	Port St. Louis FL 3498
Add			HORT ST. LICIE FL 3498
Remove			<u> </u>
2) Change			
Add			
Remove 3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
51 Change	<u>.</u> .		·
Add			
Remove			<del></del>
6) Change			
Add			
Remove			

Attach additio	or adding additional mal sheets, if necesso	<u>Articles, enter cha</u> ny). (Be specific)	<u>nge(s) here</u> :		
_N/A_					
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f an amendm provisions fo	ent provides for an r implementing the	exchange, reclassif	ication, or cancell contained in the a	ation of issued sha mendment itself:	ares.
(if not ap	$glicable$ , indicate $N\prime$ .	4)			
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:  // / / / / / / / / / / / / / / / / /	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date wildocument's effective date on the Department of State's records.	Il not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action an action was not required.	d shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	<u>.</u>
by N/A	202 SE:
(voting group)	AE SE
Dated 9/7/2011	
Signature Sharles Shulman	AM 7: FSTA
(By a director, president or other officer – if directors or officers have not been	: 25
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	2.
ANDREW SHUMAN	
(Typed or printed name of person signing)	
MISIXINT	
(Title of person signing)	