## P21000061420

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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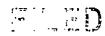
C/ 3/3/2023

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: HALF-PRICE SAI	LES CORP	
DOCUMENT NUMI	P21000061420		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	NESTOR PINZON		
		Name of Contact Person	1
	ALL BUSINESS SOLUTION	NS LLC	
		Firm/ Company	
	$7300~\mathrm{W}$ MCNAB RD STE 2	14	
		Address	
	TAMARAC FL 33321		
		City/ State and Zip Code	
	NPINZON@ALLBSOLUTE	ONS.COM	
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
NESTOR PINZON		954 at (	778-3143
Name o	of Contact Person		de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

## Articles of Amendment to Articles of Incorporation of



HALF-PRICE SALES CORP	2077 DEC 1.2 BM 7: 1-1
(Name of Corporation as current)	v filed with the Florida Dept. of State
P21000061420	Schiller Co. Ale
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: INTEGRAL HOME SERVICES FL CORP	<i>T</i> (
name must be distinguishable and contain the word "corporation," "c	TheThe
name must be distinguishable and contain the word—corporation, — co.," or the designation "Corp." "Inc," or "Co". — chartered," "professional association," or the abbreviation "P.A."	4 professional corporation name must contain the word
B. Enter new principal office address, if applicable:	7004 NW 81TH STREET TAMARAC FL 33321
(Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7004 NW 81TH STREET TAMARAC FL 33321
D. If amending the registered agent and/or registered office add	ress in Florida, enter the name of the
new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent	
(Florida st	reet address)
New Registered Office Address:	, Florida
NOT THE PROPERTY OF THE PROPER	(Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Signature of New	Registered Agent, if changing
Check if applicable  ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11	) (e), 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 = Président; 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:

$\underline{X}$ Change	<u>PT</u>	John Do	<u>oc</u>	
X Remove	$\underline{V}$	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
l) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3 ) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add		_		
Remove				

	(Be specific)
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The date of each amendment(s) addate this document was signed.	option:, if other than the		
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
<b>Sote:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ocument's effective date on the Department of State's records.			
Adoption of Amendment(s)	( <u>CHECK ONE</u> )		
The amendment(s) was/were adopaction was not required.	ted by the incorporators, or board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.		
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):		
"The number of votes east f	or the amendment(s) was/were sufficient for approval		
by	(voting group)		
DatedSignature	ctor, president or other officer – if directors or officers have not been		
selected.	ty an incorporator – if in the hands of a receiver, trustee, or other court d liduciary by that fiduciary)		
	MOYA, JAIME		
-	(Typed or printed name of person signing)		
1	PRESIDENT		

(Title of person signing)

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