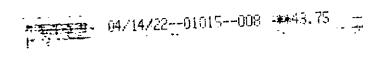
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	DO SERVICES CORP			
DOCUMENT NUM	BER: P22000008745				
	s of Amendment and fee are su	bmitted for filing.			
Please return all corre	espondence concerning this ma	tter to the following:			
	Kim Griffin				
	Name of Contact Person				
	Four Star Condo Services Corp				
	Firm/ Company				
	169 Griffin Blvd Ste 112				
	Address				
	Panama Clty Beach, FL 32413				
	City/ State and Zip Code				
	kim@fourstarcs.com				
	E-mail address: (to be us	sed for future annual report	notification)		
For further information	on concerning this matter, pleas	se call:			
Klm Griffin		at (912	660-8456		
Name of Contact Person			de & 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)	S52.50 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FOUR STAR CONDO SERVICES CORP

(Name of Corporation a	as currently filed with the Florida Dept. of State)	F. 78
P22000008745		高三
(Document	t Number of Corporation (if known)	V. 2. 3
Pursuant to the provisions of section 607.1006, Florida States Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the fol	lowing amendme
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corpo "Inc.," or Co.," or the designation "Corp." "Inc," or "chartered," "professional association," or the abbrevial	r "Co". A professional corporation name must c	
B. Enter new principal office address, if applicable:		
(Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amending the registered agent and/or registered	office address in Florida, enter the name of the	
new registered agent and/or the new registered offi		
Name of New Projectored Acoust		
Name of New Registered Agent		
	(Florida street address)	
	(1 tortua street matress)	
New Registered Office Address:	, Florida	Chi C. L.
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered agent. I an		tion.
		
Signatur	re 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)

Example:

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.

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>	<u>Addres</u> s	
1) X Change	CEO	Harry Forster	200 Cape Circle	
Add			Panama Clty Beach, FL 32413	
Remove				
2) X Change	CFO	Miriam Forster	200 Cape Circle	
Add			Panama City Beach, FL 32413	
Remove 3) X Change	P	Peter Franco	104 Bainbridge St	
Add			Panama City Beach, FL 32413	
Remove				
4) Change	<u>v</u>	Lee Whitworth	1201 Parkside Circle Apt 1203	
X Add			Panama City Beach, FL 32413	
Remove				
5) Change	V	Harry Forster III	225 N El Centro Blvd	
X Add			Panama City Beach, FL 32413	
Remove				
6) Change	<u> </u>	<u> </u>		
Add				
Remove				

Attach additional sheets, if necessary).	(Be specific)
_ <u> </u>	<u> </u>
	
If an amendment provides for an exchiprovisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, andment if not contained in the amendment itself:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after a	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direc action was not required.	tors without shareholder action and shareholder
■ The amendment(s) was/were adopted by the shareholders. The number of very by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separates	
"The number of votes cast for the amendment(s) was/were sufficient for	
by majority shareholdens (voting group)	
(voting group)	
Signature House Formation of the first of the state of th	•
Signature Horry for to	
(By a director, predident or other officer – if director selected, by an incorporator – if in the hands of a reappointed fiduciary by that fiduciary)	
Harly Forster (Typed or printed name of person	on signing)
LE D	
(Title of person signing)	