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Division of Corporations

Fax Number

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From:

Account Name : WF TAXES AND MORE INC.

Account Number : 120200000043 Phone : (772)879-0010 Fax Number : (772)281-5520

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN VAL LANE CLEANING SERVICES INC

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## COVER LETTER

TO: Amendment Se Division of Co				
NAME OF CORPO	ORATION: VAL LANE CLE	ANING SERVICES INC		
	IBER: P22000038042			
	es of Amendment and fee are s			
	respondence concerning this m	•		
	VALERIA R MARTINS			~
		Name of Contact Perso	on	TALL VE
VAL LANE CLEANING SERVICES INC		ERVICES INC		
		Firm/ Company		
	12495 sunnyrise lake terr			,
	port st lucie, FL 34987	Address		*
	<u>-</u>	City/ State and Zip Coo	de	
	wflaxes.office@gmail.com			
		sed for future annual repor	1 notification)	
	•		· manualion,	
For further information	on concerning this matter, plea	se cail:		
VALERIA R MART	TNS	772	_) 626-7758	
Name of Contact Person		Area Co	ode & Daytime Telephone Number	<del></del>
Enclosed is a check for	or the following amount made	payable to the Florida Dep	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)	
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Division The Co 2415 a	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

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## Articles of Amendment to Articles of Incorporation of

VAL LANE CLEANING SERVICES	INC		
(Name P22000038042	e of Corporation as current	v filed with the Florida Dept. of St.	nte}
	(Document Number o	f Corporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, this	Florida Profit Corporation adopts th	e following amendment(s) to
A. If amending name, enter the new	name of the corporation:		
name must be distinguishable and conta "Inc.," or Cu.," or the designation "chartered," "professional association,	"Corp." "Inc." or "Co". A	ompany," or "incorporated" or the c professional corporation name m	ust contain the word S
B. Enter new principal office address		12495 SW Sunrise Lk Tor	Ĺ Ħ
(Principal office address MUST BE A STREET ADDRESS)		Port St. Lucie, FL 34987	28
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12495 SW Sunrise Lk Ter	9: 54
		Port St. Lucie, FL 34987	
D. If amending the registered agent a new registered agent and/or the ne	W registered office address:	ess in Florida, enter the name of th	<u>e</u>
	12495 SW Sunrise Lk Ter		<del></del> .
	(Florida sire	et address)	<del></del>
New Registered Office Address:	Port St. Lucie	. Florida	34987
	(	City)	(Zip Code)
New Registered Agent's Signature, If chereby accept the appointment as regist	changing Registered Agent: tered agent. I am familiar wi	ith and accept the obligations of the p	
	Signature of New Fey	JOSEVICE States of Changing	<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 = 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	PT	<u>John Doc</u>	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	202. ~ T
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address SW Sunrise Lk Ter.
I) X Change	P	VALERIA R MARTINS	
Add			Port St. Lucie, FL 34987
Remove			-17.77. 
2) Change	<u>s</u>	BARRY T LANE	12495 SW Sunrise Lk Ter
X Add			Port St. Lucie, FL 34987
Remove 3) Change	<del></del> -		
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove		<i>}</i>	

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09/28/2023		
The date of each amendment(s) adoption: date this document was signed.	, if othe	r than the
Effective date if applicable:		
(no more than 90 days after amendment file date)		-
Note: 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 lis	ted as the
Adoption of Amendment(s) (CHECK ONE)		
■ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	d shareholde	? <u>.</u>
☐ The amendment(s) was/were adopted by the shareholders. The number of votes east 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  by	PESON NAMES	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(voting group)	88 <u>1</u>	玉
Dated	門。	9: 54
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)		
VALERIA R MARTINS		
(Typed or printed name of person signing)		
PRESIDENT		
(Title of person signing)		