P93000011931

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800263437258

09/24/14--01003--003 **35.00

HER ZL MIGHT

Mund 10/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	_{RATION:} Allstar Clea	ning Service, Inc	C
	BER: P9300001193		
	of Amendment and fee are sub		
Please return all corre	spondence concerning this mat	ter to the following:	
	Mr. Drago Jazbeo	•	
	- Drago dazbod	Name of Contact Person	
	Allstar Cleaning	Name of Contact Person	
		Firm/ Company	
	7025 Industrial R	D	
		Address	
West Melbourne, FI 32904			
		City/ State and Zip Code	
dra	goj@neostill.si	ed for future annual report	notification)
**	E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, please call:			
Drago Jazbe	С	at (321	, 431-4804
Name	of Contact Person	Area Coo	le & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 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 Divisio Clifton 2661 E	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

.m., . .

Articles of Amendment to Articles of Incorporation of



Allstar Cleaning Service, Inc

Alistai Cleaning Service,	IIIC		~ /s
(Name of Corporation as	currently filed with the Flo	rida Dept. of State)	. 4
P93000011931			•
(Documen	t Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this <i>Fl</i>	orida Profit Corporation adopts the following	amendment(s) to
A. If amending name, enter the new na	me of the corporation:		•
N/A			The new
	ation "Corp," "Inc," or "Co	" "company," or "incorporated" or the ablo". A professional corporation name must co A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7025 Industrial Road	
		West Melbourne, FI 32904	
C. Enter new mailing address, if appli	cable:	7025 Industrial Road	
(Mailing address MAY BE A POST			
		West Melbourne, Fl. 32904	
D. If amending the registered agent an new registered agent and/or the new		es in Florida, enter the name of the	
Name of New Registered Agent			
	7025 Industrial R		
	(Florida stree		
New Registered Office Address:	West Melbourne	, Florida 32904	
	(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Agent:		
I hereby accept the appointment as regist		th and accept the obligations of the position.	

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 Jo	ohn Doe	
X Remove	<u>V</u> <u>M</u>	like Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PST	Robert Arenella	1276 Cambo Ct NE
Add			Palm Bay, FI 32905
Remove			
2) Change	<u>VP</u>	Robert Arenella	1276 Cambo Ct NE
Add			Palm Bay, Fl. 32905
Remove			
3) Change	PST	Drago Jazbec	7025 Industrial Road
Add			West Melbourne, FI 32904
Remove			
4) Change			
Add			
Remove			·
5) Change		·	
Add			
Remove			
6) Change			·
Add		<i>y</i> :	
Remove			

(/\	additional sheets, if necessary). (Be specific)
	
prov	amendment provides for an exchange, reclassification, or cancellation of issued shares, isions for implementing the amendment if not contained in the amendment itself: if not applicable, indicate N/A)
	

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 amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
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	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated <u>Sept 17, 2014</u>	
Signature	_
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)	
THE STORMS.	_
(Typed or printed name of person signing)	
PLESIDENT.	_
(Title of person signing)	•