# P93000077533

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
| (Busiless Lility Name)                  |
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SECRETARY OF STATE

Amend TBrown 8-8-11

#### **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

**Division of Corporations** CAT Services, Inc. NAME OF CORPORATION: P93000077533 DOCUMENT NUMBER: \_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jodi Harmon Name of Contact Person CAT Services, Inc. Firm/ Company 729 Heron Drive Address Delray Beach, FL 33444 City/ State and Zip Code jodi@americanrealtime.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 561 ) 279-9132

Area Code & Daytime Telephone Number Jodi Harmon Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$43.75 Filing Fee & S52.50 Filing Fee **■\$43.75** Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section **Amendment Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation** of

|  | Articles of Amendmen   | ıt   |
|--|--|--|
| •  | to Articles of Incorporation   | on A   |
|  | of   | " " " " " " " " " " " " " " " " " " "                                    |
| CAT  | Services, Inc.   | nt 201/AUG 8 PM 1:20  In Dept. of State)  Dept. of State  Dept. of State |
| (Name of Corporation as curr   | <del>,</del>   | la Dept. of State)   |
| Pos  | 3000077533   | 7556 OF 5 20   |
| (Document Number of Corporation (if known)   |  |  |
| ursuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:   | 06. Florida Statutes, this F   | Value Torida Profit Corporation adopts the following                     |
| . If amending name, enter the new name o   | of the corporation;  |  |
|  |  | The new  |
| obreviation "Corp.," "Inc.," or Co.," or the<br>time must contain the word "chartered," "pro<br>Enter new principal office address, if app<br>principal office address MUST BE A STREE | ofessional association," or plicable:  | the abbreviation "P.A."  |
|  | ,  |  |
|  | 2  |  |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI   | CE BOX)  registered office address i   | n Florida, enter the name of the   |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI   | CE BOX)  registered office address i   | n Florida, enter the name of the   |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new registered.                  | CE BOX)  registered office address i   |  |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new registered Agent.            | registered office address instered office address:  (Florida street of the street of t | address), Florida  |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI  If amending the registered agent and/or new registered agent and/or the new registered Agent:            | e:<br>ICE BOX)  registered office address in the stered office address:  | address)   |
| . Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI  . If amending the registered agent and/or new registered agent and/or the new registered Agent.        | registered office address instered office address:  (Florida street of the content of the conten | nddress), Florida (Zip Code)   |

Signature of New Registered Agent, if changing

## 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)

| <u>Title</u>             | Name   | Address  | Type of Action                      |
|--------------------------|--|--|-------------------------------------|
| PD                       | Barbara Diaz   | 5046 Rosen Blvd.<br>Boynton Beach, FL 33472                                |                                     |
| PD                       | Jodi Harmon  | 729 Heron Drive<br>Deiray Beach, Ft. 33444                                 | ☑ Add<br>□ Remove                   |
|                          |  |  |                                     |
| (attach c                | additional sheets, if necessary). (Be sp                                 | ecific)  |                                     |
|                          |  |  |                                     |
| F. <u>If an a</u> provis | mendment provides for an exchange,<br>ions for implementing the amendmen | reclassification, or cancellation of<br>t if not contained in the amendmer | <u>lssued shares,</u><br>it itself: |
| (if)                     | not applicable, indicate N/A)  |  |                                     |
|                          |  |  |                                     |
|                          |  |  |                                     |
|                          |  |  |                                     |
|                          |  |  | 7.1                                 |
|                          |  |  |                                     |

| The date of each amendment(s)   | adoption: 8-5-2011  |  |  |  |
|---|---|--|--|--|
| •   | (date of adoption is required)  |  |  |  |
| Effective date if applicable:  (no more than 90 days after amendment file date) |   |  |  |  |
| Adoption of Amendment(s)  | (CHECK ONE)   |  |  |  |
| The amendment(s) was/were by the shareholders was/were                          | adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.   |  |  |  |
|   | approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s): |  |  |  |
| "The number of votes cas  | st for the amendment(s) was/were sufficient for approval  |  |  |  |
| by  |   |  |  |  |
| (v  | oting group)  |  |  |  |
| The amendment(s) was/were action was not required.                              | adopted by the board of directors without shareholder action and shareholder  |  |  |  |
| The amendment(s) was/were action was not required.                              | adopted by the incorporators without shareholder action and shareholder   |  |  |  |
| Dated August  | 3, 2011   |  |  |  |
| Signature By a  | director president or other officer - If directors or officers have not been  |  |  |  |
| selecte   | ed, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)                                 |  |  |  |
| _   | Jodi Harmon   |  |  |  |
|   | (Typed or printed name of person signing)   |  |  |  |
|   | President   |  |  |  |
| <del>-</del>  | (Title of person signing)   |  |  |  |