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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : 120070000037 Phone

: (954)532-3842

: (954)532-3847

Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN SPRING CARPET, INC.

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C LEWIS

COVER LETTER

TO:	Amendir	ent Section	
	Division	of Corporation	5

NAME OF CORPORA	ATION: SPRING CARPET	, INC.			
DOCUMENT NUMBI	ER:				
The enclosed Articles of	f Amendment and fee are su	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following;			
1	JAIMIR JUNKES				
_	Name of Contact Person				
]	EAGLE TAX REPRESENT	ATION, CORP			
_		Firm/ Company			
4	5493 WILES ROAD STE 105				
_	Address				
(COCONUT CREEK FL 330	73			
_	·	City/ State and Zip Code	·		
paulo	@eagle-tax.com				
	••	sed for future annual report	notification)		
For further information Paulo Oliveira, EA	concerning this matter, pleas		532-3842		
	Contact Person	at (532-3842 de & Daytime Telephone Number		
	the following amount made		•		
\$35 Filing Fcc	□\$43.75 Filing Fcc & 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)		
Mailing Address		Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle			
tananassee, PL 32314		Tallahassee, FI, 32301			

09/20/2016 1:21 PM FAX

6.

MODO3/0005
FILED
SECRETARY OF STATE
OVISION OF CORPORATION

Articles of Amendment to Articles of Incorporation

2016 SEP 20 AM 10: 14

of

SPRING CARPET, INC		
(Name of Corpora	lion as currently filed with the Flo	
	P980000 4197	19
(Docu	ument Number of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation;	da Statutes, this Floridu Profit Corp.	oration adopts the following amendment(s)
A. If amending name, enter the new name of the	corporation:	
ALL YEAR SERVICES, INC		The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp., word "chartered," "professional association," or the	p," "Inc," or "Co". A professiona	"incorporated" or the abbreviation
R. Enter new principal office address, if applicable (Principal office address MUST RE A STREET AD	le: DDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B)	<i>QX</i>)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered	ered office address in Florida, ente d office address:	r the name of the
Name of New Registered Agent	- .	
	(Florida street address)	
New Registered Office Address:		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		bligations of the position.
Sico	nature of New Registered Avent. If ch	nanviny

20004/0005

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 = Treusurer; 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	PT	Iohn Doe	
X Remove	¥	Mike Jones	
_X	SY	Sally Smith	
Type of Action (Check One)	Title	Name	Address .
t)Change	••		
Remove			A
2) Change			
Remove			
3)Change	· · · · · · · · · · · · · · · · · · ·		
Aðd			
Remove			
4) Change			
Add		•	
Remove			
5)Change		,	
Add			
Remove			
O) Change			
Add			
Remove			
		Page 2 of 4	
·			
		·	

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@0005/0005

	09-20-2016	SECRETARY OF STATE OF STATE
The date of each amendment(s) date this document was signed.	adoption:	- IVICION OF CONTOUNTS. if other than the
Efforting duta (Campliaghla)	09-20-2016	2016 SEP 20 AM 10: 14
Effective dute if applicable:	(no more than 90 day.	s after amendment file date)
Note: If the date inserted in the document's offective date on the	s block does not meet the applicable applicable of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number sufficient for approval.	per of votes cast for the umendment(s)
	approved by the shareholders through a for each voting group entitled to vote s	oting groups. The following statement eparately on the amendment(s):
"The number of votes o	ast for the amendment(s) was/were suff	icient for approval
by	(voting group)	•
	(voting group)	
The amendment(s) was/were action was not required.	adopted by the board of directors withe	out shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without sl	narcholder action and shareholder
09-20 DatedSignature	-2016	-
(By sele	a direction president or other officer — i cled, by an incorporator — if in the hand ninted fiduciary by that fiduciary)	
	JAIMIR JUNKES	
	(Typed or printed name	of person signing)
	DIRECTOR	
	(Title of per	son signing)