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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	
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> 2015 JAN -5 AH IO: 54 SECRETARY OF STATE

Amend MINES.15

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Cash Services Inc. DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tom Moser Name of Contact Person Firm/ Company 9500 South Ocean Drive Jensen Beach Fl 34957 City/ State and Zip Code tom@cashservicestc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: $\underset{\text{Area Code}}{\text{Area Code}}\underbrace{485\text{-}2076}_{\text{Daytime Telephone Number}}$ Tom Moser Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(Additional Copy is enclosed)

Articles of Amendment to **Articles of Incorporation** of

2015 JA	FILED
TALLAHAS	N-5 AM 10: 54 SEE, FLORIDA

(Name of Corporation as currently filed with the	he Florida Dept. of State) ALLARY OF STATE STAT
	DUDT3147
(Document Number of Corporatio	
•	
Pursuant to the provisions of section 607.1006, Florida Statutes, t ts Articles of Incorporation:	this Florida Profit Corporation adopts the following amer
·	•
A. If amending name, enter the new name of the corporation:	<u>:</u>
name must be distinguishable and contain the word "corpore	The
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," o	or "Co". A professional corporation name must contain
vord "chartered," "professional association," or the abbreviation	on "P.A." 10200 South US 1
3. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trincipal office address <u>MOST BE A STREET ADDRESS</u>	Port St. Lucie FL
	34952
3. F	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O Box 6051
	Jensen Beach FI
	34957
new registered agent and/or the new registered office addr	
Name of New Registered Agent	ress:
new registered agent and/or the new registered office addr Name of New Registered Agent	
new registered agent and/or the new registered office addr Name of New Registered Agent (Florida New Registered Office Address:	ress:

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	<u>PT</u>	John Doe	,
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	· · · · ·
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	V	Wendy Moser	10200 South US 1
✓ ∧dd		-	Port St. Lucie FI
Remove			34952
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change	<u></u>		. ()
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional sheets, if necessary).	(Be specific)	_		
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				·
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If an amondment purcides for an evol				
If an amendment provides for an exch provisions for implementing the ame	<u>ange, reclassification</u> ndment if not contain	ed in the amendment	itself:	
(if not applicable, indicate N/A)				••
			-	

The date of each amendment(s) a	doption: 1/2/2015	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	 :
	· · · · · · · · · · · · · · · · · · ·	er Tolonomia
Adoption of Amendment(s)	(CHECK ONE)	Agil
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(stifficient for approval.	s)
	proved by the shareholders through voting groups. The following statemed each voting group entitled to vote separately on the amendment(s):	ent e e e e e e e e e e e e e e e e e e
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
_{bv} Tom Moser	W	•
· · · · · · · · · · · · · · · · · · ·	(voting group)	
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholde	er
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 1/2/2015	5	
Signature	+ Com	
selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)	t
	Tom Moser	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	.