P9800086389

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COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	NE SERVICE, INC.	
DOCUMENT NU	P98000086389		
The enclosed Artic	les of Amendment and fee are su	abmitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
	Gregory S. Oropeza, Esq.		
		Name of Contact Perso	n
	Oorpeza, Stones & Cardenas	, PLLC	
		Firm/ Company	
	221 Simonton Street		
		Address	
	Key West, FL 33040		
		City/ State and Zip Cod	e
For further informa	justinschnaath@ho E-mail address: (to be us tion concerning this matter, pleas	sed for future annual report	notification)
Gae Ganister		at (<u>305</u>	294-0252
Nan	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□S43.75 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ICHABOD CRANE SERVICE, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P98000086389 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." CID. 29526 Constitution Avenue B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Big Pine Key, FL 33040 C. Enter new mailing address, if applicable: P.O. Box 430402 (Mailing address MAY BE A POST OFFICE BOX) Big Pine Key, FL 33043 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Justin Schnaath Name of New Registered Agent 29526 Constitution Avenue (Florida street address) Big Pine Kev New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

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> <u>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mik</u>	<u>se Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P	Sherry L. Phillips	29942 Harbor Lights Road
Add X Remove			Big Pine Key, FL 33043
2) Change	<u>T</u>	Leslie L. Faust	P.O. Box 2038
Add			Big Pine Key, FL 33043
X Remove	PTSD	Justin Schnaath	P.O. Box 430402
X Add Remove			Big Pine Key, FL 33043
4) Change Add			
Remove			
Add Remove			
6) Change Add			
Remove			

NIA	<mark>e or adding additi</mark> tional sheets, if nee	cessary). (Be specific)				
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	each amendment(s) adoption:	, if other than the
date this docu	ment was signed.	
Effective dat	e if applicable:	
	(no more than 90 days after amendment file date)	
Note: If the document's ex	date inserted in this block does not meet the applicable statutory filing requirements, this da ffective date on the Department of State's records.	te will not be listed as the
Adoption of	Amendment(s) (CHECK ONE)	
The amena by the sha	diment(s) was/were adopted by the shareholders. The number of votes east for the amendment(surcholders was/were sufficient for approval.	s)
The amena	iment(s) was/were approved by the shareholders through voting groups. The following stateme eparately provided for each voting group entitled to vote separately on the amendment(s):	ent
"The	number of votes cast for the amendment(s) was/were sufficient for approval	
by _		
	(voting group)	
The amend action was	iment(s) was/were adopted by the board of directors without shareholder action and shareholde not required.	τ
The amend	funent(s) was/were adopted by the incorporators without shareholder action and shareholder not required.	
	March 5, 2018 Dated	
	Signature Surred & Millian	
	(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)	
	Sherry L. Phillips	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	