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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	DRATION: <u>LENTRA</u> SERVICES	L FLORIDA JANITO	XLIAL
DOCUMENT NUM	1BER:		
The enclosed Article	s of Amendment and fee a	re submitted for filing.	
Please return all corr	espondence concerning thi	s matter to the following:	
	4224 M. 1-14	onderson)	<del></del>
Cer	VTEAL FLORIDA J X I D # 59-355 Fin	Anitoriac Services m/Company) 4054	i, trc
	BOX 23871	(Address)	· varific
STREET A	T ORANGE F DDEESS: 5857	1. 32123 ate/and Zip Code) TRAIL Wood Drive please call: PORT ORAI	
	. 1	at (_386)756_ (Area Code & Daytim	-1631
Enclosed is a check	for the following amount:		
□ \$35 Filing Fee	S43.75 Filing Foe & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Statu Certified Copy (Additional Copy is enclosed)
Mailing Address		Street Address	

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

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SEGRETARY  Articles of Amendment
10
Articles of Incorporation
Central Florida Janitalial Services INC  (Name of corporation as currently filed with the Florida Dept. of State)  TAX ID #59-355-4054
(Document number of corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
NIA
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Phease Remove PRISCILLA J. Henderson AS
PRESIDENT AND REGISTERED AGENT. PLEASE
CHANGE LARRY M. HENDERSON TO : PRESIDENT/VI
+ Registerd Agent. I underSTAND The
Responsibilities of Registered Agent. My
STREET ADDRESS IS 5857 TRAILWOOD DR - FORT
Olange Fc. 32127
(Attach additional pages if necessary)
If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: 9-15-04
Effective date if applicable: 10 - 15-04 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved by the shareholders. The number of votes east 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)
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.
Signature May M. The Jacon  Signature My 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)
(Typed or printed name of person signing)  President   Vice - President  (Title of person signing)
(Title of nelson signing)

FILING FEE: \$35