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PICK-UP	☐ WAIT	MAIL
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2018 OCT 31 PM 4: 0
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ADAPTABLE SEE	RVICES, INC.	
DOCUMENT NUMB	ER:		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corresp	oondence concerning this mat	ter to the following:	
	RICHARD C FOPIANO		
-		Name of Contact Person	1
	ADAPTABLE SERVICES, I	NC.	
-		Firm/ Company	
	643 NE MUSKRAT RUN		
-		Address	
	PORT ST LUCIE, FL 34983	;	
-	-	City/ State and Zip Code	8
RICH	ARD@RCFCPA.COM		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas		342-3797
	l'Contact Person	at (Area Co) 342-3797 de & Daytime Telephone Number
	the following amount made		
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi: P.O.	ling Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Ameno Divisio Cliftor 2661 F	Address Iment Section on of Corporations a Building Executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2018 OCT 31 PM 4: 05

ADAPTABLE SERVICES, INC.		SPERFTARY OF STATE
(Name)	of Corporation as curren	tly filed with the Florida Dent. fof State) F. F. F.
P99000028354		
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006. Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	nme of the corporation:	
N/A		The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	on," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	N/A
(Principal office address MUST BE A S		
C. Enter new mailing address, if appli (Mailing address <u>MAY BE A POST</u>)		N/A
D. If amending the registered agent an		
new registered agent and/or the new		
Name of New Registered Agent	RICHARD C FOPIANO	
	643 NE MUSKRAT RU	N
	(Florida s	treet address)
New Registered Office Address:	PORT ST LUCIE	. Florida 34983
<u>New Registerea Office Adaress.</u>		(City) (Zip Code)
New Registered Agent's Signature, if c		
I hereby accept the appointment as regist	ered agent. I am familiar 77 - A	with and accept the obligations of the position.
J.	2((C))	
	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: <u>X</u> Change	<u>PT</u> <u>John</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P. D	KAREN S FOPIANO	643 NE MUSKRAT RUN
Add		- 	PORT ST LUCIE, FL. 34983
X Remove			
2) X Change	P.V.T.S	RICHARD C FOPIANO	643 NE MUSKRAT RUN
Add			PORT ST LUCIE, FL 34983
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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an amendment provides for an exchar	nge, reclassification, or cancellation of issued shares
<u> A o risions for</u> implementing the amend	nge, reclassification, or cancellation of issued shares, lment if not contained in the amendment itself:
an amendment provides for an exchar provisions for implementing the amend (if not applicable, indicate N/A)	nge, reclassification, or cancellation of issued shares, Iment if not contained in the amendment itself:
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	NOVEMBER 1, 2018	
The date of each amendment date this document was signed		, if other than th
Tiffication data if applicable	NOVEMBER 1, 2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	this block does not meet the applicable statutory filing requirements, this date whe Department of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/wei by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/wer must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
	OBER 22, 2018	
Dated		
Signature	XXXXX	
(E	y a director, president or other officer - if directors or officers have not been	
	elected, by an incorporator if in the hands of a receiver, trustee, or other court	
aj	ppointed fiduciary by that fiduciary)	
	KAREN S FOPIANO	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)