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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: FACILITY PRO, I	NC.	
DOCUMENT NUME	P99000039313		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	tter to the following:	
	CHRISTIAN FERNANDEZ		
		Name of Contact Person	1
	FACILITY PRO, INC.		
		Firm/ Company	
	1300 E HILLSBORO BLVD	. SUITE 200	
		Address	
	DEERFIELD BEACH, FLL 33441		
		City/ State and Zip Cod	e
CHR	ISTIAN@THEFACILITYPR	O.COM	
		sed for future annual report	notification)
	n concerning this matter, pleas	se call:	
CHRISTIAN FERNANDEZ		at (
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations a Building Executive Center Circle assec, FL 32301

Articles of Amendment to Articles of Incorporation of

FACILITY PRO, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P99000039313 (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: MAINTENANCE LOGIX, INC. 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." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent (Florida street address) New Registered Office Address: Florida 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>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	DIRECT	RASHAD WALLACE	1300 EAST HILLSBORO BLVD.
Add			DEERFIED BEACH, FL 33441
X Remove			
2) Change	СМО	PETER POPAVICH	1300 E HILLSBORO BLVD
Add			DEERFIED BEACH, FL 33441
X Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

f amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
	The state of the s
_	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	indifferent fill to Contained to the amendment resent.
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The date of each amendment(s) addate this document was signed.	ption:, if other than th
Effective date if applicable:	
,	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date will not be listed as the artment of State's records.
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were adop by the shareholders was/were suf	ted by the shareholders. The number of votes east for the amendment(s) ficient for approval.
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
☐ The amendment(s) was/were adopaction was not required.	sted by the board of directors without shareholder action and shareholder
☐ The amendment(s) was/were adoption was not required.	sted by the incorporators without shareholder action and shareholder
Dated_3	-20-14//
Signature	
(By a di selected	rector, president or other officer – if directors or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary)
	Christian Fernandez (Typed or printed name of person signing)
-	Orce President (Title of person signing)