Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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То:	Division of Co	proprations	OLINTHAM	~
		: (850)617-6380	S. CHATHAM	02.
From:				2025 JUL
11014.	Account Name	: CAPITOL SERVICES, INC.	JUL 15 2020	7
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	Phone	: (855)498-5500	ວົງ " -	_
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## COR AMND/RESTATE/CORRECT OR O/D RESIGN FLORIDA ELEVATOR, INC.

Certificate of Status	0
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## COVER LETTER

	RATION: 94000 BER: 94000 of Amendment and fee are s	_	tor, Inc.		
Please return all corre	spondence concerning this m	atter to the following:			
	-	Name of Contact Perso	n		2
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For further information	n concerning this matter, plea	se call:			
Name o	of Contact Person	at ( Area Co	) de & Daytime Telephone Numb	<del></del>	
Enclosed is a check for	r the following amount made	payable to the Florida Den.	artment of State:		
		prydete to the riotical 20p			
☐ \$35 Filing Fee	□\$43.75 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)		
<u> Mall</u>	ling Address	Street	Address		
Ame	ndment Section	Amendment Section			
	sion of Corporations Box 6327	Division of Corporations The Centre of Tallahassee			
	hassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

Artic	les of Amendment	H25000244533
- Florida Elevat	to s of Incorporation of	
P94000093316	urrently filed with the Florida	Dept. of State)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:		on adopts the following amendment(s) to
A. If amending name, enter the new name of the corporat	tion: MA	The · new
name must be distinguishable and contain the word "corporate "Inc.," or Co.," or the designation "Corp," "Inc.," or "Chartered," "professional association," or the abbreviation	Co". A professional corporati	ted" or the abbreviation:"Corp"
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS	, MA	
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OF PICE BOX</u> )	WIA	PH 2: 10
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office a Name of New Registered Agent	ce address in Florida, enter the	name of the
New Registered Office Address:	rda street address) (City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fan	Agent: niliar with and accept the oblige	itions of the position.
	New Registered Agent, if change	ng
Check if applicable  The amendment(s) is/are being filed pursuant to = 607 013	0/11)/a) EE	

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If smending 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.

X Change	PI	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	SY	Sally Smith	
Type of Action (Check One)	Title	Name	5715 Pinknes Dience
1) Change Add	$\Box$	- JII Gregory	Sarasola, FL 37 232
Remove			- 11. St. 28.
2) Change Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			<del></del>
Add			
Remove			

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E. If amending or adding additional Articles, enter change(s) here:  (Attach additional sheets, if necessary). (Be specific)		
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Han amendment movides for an archange and a 10 along a		
If an amendment provides for an 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)		
A/I/		
7V 131		
	·	

	0	H25000244533
The date of each amendment(s) adopti date this document was signed.	ion:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amena	iment file date)
Note: If the date inserted in this block document's effective date on the Department	does not meet the applicable statutory filinent of State's records.	ng requirements, this date will not be listed as the
Adontion of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted action was not required.	by the incorporators, or board of directors	without shareholder action and shareholder
The amendment(s) was/were adopted by the shareholders was/were sufficient	by the shareholders. The number of votes out for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved must be separately provided for each	d by the shareholders through voting groups voting group entitled to vote separately on	s. The following statement the amendment(s):
"The number of votes cast for th	e amendment(s) was/were sufficient for ap	proval 20
by		;"
	(voting group)	
Dated July	11,2025	ASSE THE
Signature	Jay Perry	Ti O
	r, president or other officer - if directors or	
	an incorporator — if in the hands of a receive fuciary by that fiduciary)	er, trustee, or other court
	Jay W. Perry	/
<b></b>	(Typed or printed name of person sign	ning)
<u>l</u> _	(Title of person signing)	