

N24000003913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

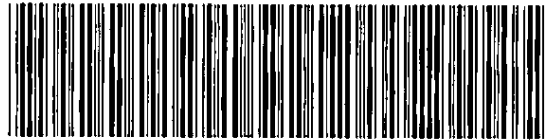
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

ML



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2024

WILLIAM G KYSER
110 SE 6TH STREET, STE 130
FORT LAUDERDALE, FL 33301

SUBJECT: ELITE TRAINING SERVICES CORP.
Ref. Number: N24000003913

We have received your document for ELITE TRAINING SERVICES CORP. your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the full address for all officers that you are adding.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

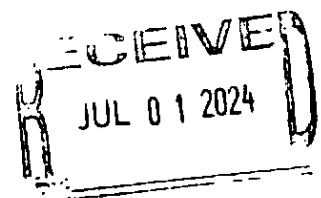
Morgan E Lovett
Regulatory Specialist II

Letter Number: 124A00010655

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ELITE Training Services Corp

DOCUMENT NUMBER: N24000003913

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William G Kyser

(Name of Contact Person)

ELITE Training Services Corp

(Firm/ Company)

110 SE 6th Street, Ste 130

(Address)

Fort lauderdale, FL 33301

(City/ State and Zip Code)

bill@elitetrainingservices.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William G Kyser

954

290-2920

(Name of Contact Person)

at

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
enclosed) |
|--|---|---|---|

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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Articles of Amendment
to
Articles of Incorporation
of

ELITE Training Services Corp.

(Name of Corporation as currently filed with the Florida Dept. of State)

N24000003913

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." "Company" or "Co." may not be used in the name.

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:

New Registered Office Address:

(If Florida street address)

(City)

Florida

(Zip Code)

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

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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:

☒ Change PT John Doe
☒ Remove Mike Jones
☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add Remove	<u>VP</u>	<u>Jeffrey Needle</u>	<u>5300 N.W. 33rd Avenue, Ste 201</u> <u>Fort Lauderdale, FL 33309</u>
2) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add Remove	<u>Advisor</u>	<u>Tracie Singh</u>	<u>2450 Roosevelt AVE, Suite 408</u> <u>San Antonio, TX 78154</u>
3) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add Remove	<u>Advisor</u>	<u>Michael Allison</u>	<u>5550 Glades Road, Ste 500</u> <u>Boca Raton, FL 33431</u>
4) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add Remove	<u>Advisor</u>	<u>Jake Dodd</u>	<u>46 Seminole Drive</u> <u>Worcester, MA 01603</u>
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add Remove	<u>Advisor</u>	<u>John Peters</u>	<u>7495 W Atlantic Avenue, Ste 214,</u> <u>Delray Beach, FL 33446</u>
6) <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add Remove	<u>President</u>	<u>William Kyser</u>	<u>110 SE 6th Street, Ste 130</u> <u>Ft Lauderdale, FL 33301</u>

☒ Remove
E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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The date of each amendment(s) adoption: _____ if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated APRIL 18, 2024

Signature William Gilbert Kyser
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

William Gilbert Kyser
(Typed or printed name of person signing)

President
(Title of person signing)

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