N94000000a17

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TO: Amendment Section
Division of Corporations

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	lation or Residentia	al Property Managers, Inc.
N94000000217		
BOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Brian Hagensick		
	(Name of Contact Perso	on)
The Pensacola Chapter of NARPM Inc.		
	(Firm/ Company)	
235 E 9 Mile Rd., Suite 9		
	(Address)	
Pensacola, FL 32534		
	(City/ State and Zip Cod	le)
bhhagensick@gmsil.com		
E-mail address: (to be used	for future annual report	notification)
For further information concerning this matter, please	call:	
Brian Hagensick	850	471-9231
(Name of Contact Person)	at ((Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made pa	vable to the Florida Dep	artment of State:
\$35 Filing Fee \$\alpha\$ Certificate of Status	☐\$43.75 Filing Fee &	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Malling Address Amendment Section Division of Corporations P.O. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building
Tallahassee, FL 32314	2661 E	Executive Court of Courts assee, FL 32301

Articles of Amendment Articles of Incorporation

	ly filed with the Flo	of PROPERTY MAN	AGERS, INC.	-4678
194000000217				FLORI
		erporation (if known)	IALLAHASS	, , , , , , , , , , , , , , , , , , ,
rsuant to the provisions of section 617. nendment(s) to its Articles of Incorporate	1006, Florida Statute ion:	s, this <i>Florida Not For I</i>	Profit Corporation adopts	the followin
If amending name, enter the new na		on:		
he Pensacola Chapter of NAF	RPM, Inc.			The new
me must be distinguishable and contain Company" or "Co." may not be used in	the word "corporat the name.	ion" or "Incorporated" n/a	or the abbreviation "Corp	
Enter new principal office address,	f applicable:	11/a		
rincipal office address MUST BR A ST	TREET ADDRESS)			
				
Enter new mailing address, if applic	cable:	n/a		
(Mailing address MAY BE A POST C				
				_
If amending the registered agent an			ter the name of the	
new registered agent and/or the new		ddress:		
Name of New Registered Agent:	n/a			
	n/a			
		(Florida street address)		
New Registered Office Address:				
	n/a		n/a . Florida	
	(Clty)		(Zip Ca	ode)
w Registered Agent's Signature. if ch	analna Dantatara	A		

Page 1 of 4

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.

	xample: X_Change X_Remove X_Add	<u>PT</u> Y <u>SY</u>	John Doe Mike Jones Sally Smith	
<u>T</u>	ype of Action Chack One)	<u>Title</u>	<u>Name</u>	Address
1)	n/a Change			
	Add	•		**************************************
	Remove			·
2)	n/a Change			
	Add			
	Remove			
3)	n/a Change			
	Add			
	Remove			
4)	n/a Change			
	Add			
	Remove			
5)	n/a Change			
	Add			
	Remove			
ි <u>ල</u> .	n/a Chenge			
	Add			
	Remove			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
n/a	
<u> </u>	
	
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<u> </u>	
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The date of each amendment(s) adoption: date this document was signed.			
	January 1, 2015 Rective date if applicable:		
		(no more than 90 days after amendment file date)	
Ado	option of Amendment(s)	(CHECK ONE)	
	The amendment(s) was/www.was/were sufficient for ap	ere adopted by the members and the number of votes cast for the amendment(s) proval.	
	There are no members or adopted by the board of d	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.	
	Dece Dated	ember 5, 2014	
	Signature	Med	
	(By the have n	chairman of vice chairman of the board, president or other officer-if directors of been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)	_
	Jason Mo	Guire	
	President	(Typed or printed name of person signing)	
		(Title of person signing)	