P03000154462

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Considerations to Filing Officer
Special Instructions to Filing Officer:

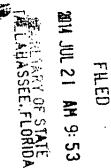




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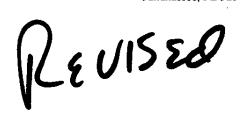


AJR 8/5/14

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: A Profess ER: P030001544	ional Home S 462	ervice Inc
	f Amendment and fee are su		
•	ondence concerning this mat		
	Edward Janke		
<u>-</u>	Luwaiu Jaiike		
		Name of Contact Person	_
	A Professional	Home Service	e inc
_		Firm/ Company	
•	131 SW 84th T	er	
		Address	
(Gainesville, FL	32607	
-		City/ State and Zip Code	3
	,	·	
edja	anke@gmail.co	om	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
	•		
Edward Janke		_{at (} 352	, 333-9700
Name of Contact Person			de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
□ \$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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	



Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

FHLED 2014 JUL 21 AM 9:53

A Professional Home Service Inc

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

(Document Number of Corporation (if known)



nent(s) to

s Articles of Incorporation: . If amending name, enter the new name of the corporation:	:
n/a	- The
ame must be distinguishable and contain the word "corpord Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," of ord "chartered," "professional association," or the abbreviation	ation," "company," or "incorporated" or the abbrev or "Co". A professional corporation name must conta
. Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u>)	n/a
. Enter new mailing address, if applicable:	n/a
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
). If amending the registered agent and/or registered office a	
new registered agent and/or the new registered office add	ress:
Name of New Registered Agent	
(Florid	la street address)
(FII) III	
New Registered Office Address: n/a	, Florida

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 Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>sv</u>	SV Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	T	Matthew E. Sims	1820 SW 49th PL			
Add			Gainesville, FL 32608			
Remove						
2) Change	CFO	Larry D. Lund	210 S.W. 252nd St.			
Add			Newberry, FL 32669			
Remove						
3) Change						
Add	 					
Remove						
4) Change						
Add						
Remove						
5) Change						
Add						
Remove						
6) Change						
Add						
Remove						

•	(Be specific)	
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(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis and analysis and an analysis analysis and an analysis and an analysis analysis and an analysis	
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(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	

The date of each amendment date this document was signed	(s) adoption; 7/14/14	if other than the
Effective date if applicable:	7/14/14	
Effective trate in appreciante.	(no more than 90) days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/weby the shareholders was/web	re adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.	
The amendment(s) was/wei 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):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(valing 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	
Dated 7/14	/14	
Signature _	E Gen Q A	
sc	by 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 oppointed fiduciary by that fiduciary)	
	Edward Janke	
	(Typed or printed name of person signing)	
	DPST	
	(Title of person signing)	-