

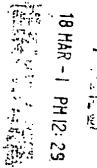
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R. WHITE MAR 0 2 2018

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORA	ATION: One Call Property	Services, Inc		
DOCUMENT NUMBI	P05000133724			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
ר	ammy Ambrosius			
_	<del></del>	Name of Contact Per	son	
(	One Call Property Services,	Inc		
_		Firm/ Company		
7	804 SW Ellipse Way			
_		Address	<del></del>	
S	tuart, FL 34997			
_	<del></del>	City/ State and Zip Co	ode	
Tamm	@OneCallFlorida.com			
		sed for future annual repo	ort notification)	
For further information	concerning this matter, pleas	se call:		
Tammy Ambrosius		at (	223-8400	
Name of	Contact Person	Area (	Code & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida De	epartment of State:	
□ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	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  Clifton Building  2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment to 18 MAR -1 PM 12: 29
Articles of Incorporation

One Call Property Services, Inc	01	<b>提供</b>		
(Name of Corporat	tion as currently f	iled with the Florida	Dept. of State)	
P05000133724				
(Docu	ment Number of C	orporation (if known)		
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this <i>Flo</i>	orida Profit Corporati	ion adopts the follo	owing amendment(s) to
A. If amending name, enter the new name of the c	corporation:			
One Call Florida, Inc				The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	p," "Inc." or "Co	". A professional co		ne abbreviation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>OX</u> )			
D. If amending the registered agent and/or registered new registered agent and/or the new registered		s in Florida, enter th	e name of the	<del></del>
Name of New Registered Agent		- <del></del>		<del></del>
	(Florida street	address)	<del>-</del>	
New Registered Office Address:			, Florida	
	(Ci	ity)	(	(Zip Code)
New Registered Agent's Signature, if changing Re				
I hereby accept the appointment as registered agent.	t am familiar witi	h and accept the oblig	ations of the positi	ion.

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 Do	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
_X Add	<u>\$V</u>	Şally Şr	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Address</u>
1) Change		_		
Add				
Remove				
2) Change				
Add		_		
Remove				
3) Change				
Add		_		
Remove				
Kemove				
4) Change		_		
Add				
Remove			•	
Ch.				
5) Change		_		
Add				
Remove				
6) Change		<del>_</del>		
Add				
Remove				

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	neets, if necessary).	(De specific)			
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If an amendment p	rovides for an excl	hunge reclassifi	eation or cancell	ation of issued sh	gres
ri an amendinent p	plementing the ame	endment if not co	ontained in the a	nendment itself:	41 ( 3,
provisions for imp	ble. indicate N/A)	-			
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	2/21/2018	
The date of each amendment(s) a	loption:	, if other than the
date this document was signed.		
	/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendme	ent file date)
	,	
Note: If the date inserted in this bedocument's effective date on the De	clock does not meet the applicable statutory filing repartment of State's records.	requirements, this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast fficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for approv	val
by		
-	(voting group)	<del></del> :
	opted by the board of directors without shareholder a	action and shareholder
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action	n and shareholder
Dated	5augu ambin	
Signature	Sauce Unly	
(By a d	irector, president or other officer - if directors or off	
	d, by an incorporator – if in the hands of a receiver,	trustee, or other court
appoin	ted fiduciary by that fiduciary)	
	Tammy Ambrosius, Treasurer	
	(Typed or printed name of person signin	g)
	Treasurer	
	(Title of person signing)	