P080000 45953

tor's Name)	
s)	
·)	
te/Zip/Phone #)	
] WAIT	MAIL
s Entity Name)	
ent Number)	
Certificates of	Status
Officer:	
	tor's Name) tor's Name) te/Zip/Phone #) WAIT ss Entity Name) ent Number) Certificates of

Office Use Only



200348992762

07/27/20--01075--008 ++35.00

RECEIVED
JUL 2 4 2020

2020 J. C. FII 4: 28

in Income

SEP . 7 CON I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Presidential	Property Management Corp	poration
DOCUMENT NUMBER:	P080000459	253	
The enclosed Articles of Amendme	ent and fee are su	bmitted for filing.	
Please return all correspondence co	oncerning this ma	tter to the following:	
Alice Rowc	liffe		
		Name of Contact Person	1
Chandler Re	esidential. Inc.		
		Firm/ Company	
11719-B Jei	fferson Ave., Ste.	103	
		Address	
Newport Ne	ews. VA 23606		
		City/ State and Zip Code	
aroweliffe@	chanres.com		
_		sed for future annual report	notification)
For further information concerning	this matter, pleas	se call:	
Alice Rowcliffe		at (873-4225
Name of Contact Pe	erson	Area Co) 873-4225 de & Daytime Telephone Number
Enclosed is a check for the following	ng amount made	payable to the Florida Depa	artment of State:
2	75 Filing Fee & ficate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Sect Division of Corp P.O. Box 6327 Tallahassee, FL	iion orations	Amend Divisio The Co	Address ment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

Possonous Section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendments Articles of Incorporation: **A tricles of Incorporation: **A tricles of Incorporation:** **A tricles of Incorporation:** **A tricles of Incorporation:** **The **new tame must be distinguishable and contain the ward "corporation" "Company." or "incorporated" or the abbreviation "Corp. "Inc." or "Co." A professional corporation name must contain the word characted." "professional association," or the abbreviation "P.A.* **354 NE 5th St** **Better new principal office address, if applicable: Principal office address if APPLICABLES* **Description:** **Boca Raton, FL 33432* **Description:** **Boca Raton, FL 33432* **Description:** **Inc. **Description:** **Principal office address MAY BE A POST OFFICE BOX* **A POST OFFICE BOX* **A professional corporation name must contain the word characteristic address in Florida, enter the name of the new registered agent and/or registered office address: **Same agent - address change only** **354 NE 5th St** **Inc.	(Name of	f Corporation as curren	tly filed with the Florida Dept. of State	g)
ursuant to the provisions of section 607,1006. Florida Statutes, this Florida Profit Corporation adopts the following amendms stricles of Incorporation: If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word chartered." "professional association." or the abbreviation "P.A." Enter new principal office address, if applicable: The new mailing address MUST BE A STREET ADDRESS Boca Raton, FL 33432 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address: **Some of New Registered Agent** **Some of New Registered Agent** **Some of New Registered Agent** **Boca Raton** **Florida** **Florida** **Telorida** **Telori	P08000045953			
Stricles of Incorporation: **If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "carporation." "company." or "incorporated" or the abbreviation "Corp." Inc.," or "Co." A professional corporation name must contain the word characted," "professional association," or the abbreviation "P.A." **Enter new principal office address, if applicable: Principal office address, if applicable: Boca Raton, Pt. 33432 **Enter new mailing address, if applicable: (Mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) **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: same agent - address change only **354 NE 5th St** **Name of New Registered Agent** **New Registered Office Address** **Boca Raton** **Florida** **Torida Street address** **Registered Agent** Signature, if changing Registered Agent: hereby accept the appointment as registered agent. Tam familiar with and accept the obligations of the position. **Signature of New Registered Agent. If changing		(Document Number	of Corporation (if known)	
The new main must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," A professional corporation name must contain the word chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: "rincipal office address, if applicable: (Musting address, if applicable:		006, Florida Statutes, thi	s Florida Profit Corporation adopts the	following amendment(s
ame must be distinguishable and contain the word "corporation." "company," or "incorporated" or the abbreviation "Corp. "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word charactered." "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: "Fincipal office address MUST BE A STREET ADDRESS") Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 and/or the new registered office address: Same agent - address change only	. If amending name, enter the new na	me of the corporation:		
Inc., "or Co." or the designation "Corp." "The," or "Co". A professional corporation name must contain the wore character," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Boca Raton, Ft. 33432 Boca Raton, Ft. 3442 Boca Raton, Ft. 344				The new
Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS Boca Raton, FL 33432 Second Principal office address MUST BE A STREET ADDRESS Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent Second Principal office address	Inc.," or Co." or the designation "Co	orp," "Inc." or "Co".	A professional corporation name mus	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 1. 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			354 NE 5th St	
Mailing address MAY BE A POST OFFICE BOX	Principal office address <u>MUST BE A ST</u>	<u>(REET ADDRESS</u>	Boca Raton, FL 33432	2021
Mailing address MAY BE A POST OFFICE BOX				(-
Mailing address MAY BE A POST OFFICE BOX F.				.2
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				
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: Same agent - address change only	(Mailing duaress MAT BE A FOST O	PFFICE BOX		
Mame of New Registered Agent Signature, if changing Registered Agent: Signature of New Registered agent. I am familiar with and accept the obligations of the position.				<u>_</u>
Name of New Registered Agent Signature, if changing Registered Agent: hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.				28
Name of New Registered Agent Same agent - address change only 354 NE 5th St (Florida street address) Boca Raton New Registered Office Address: (City) Registered Agent's Signature, if changing Registered Agent: 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 Signature of New Registered Agent, if changing				
Signature of New Registered Agent same agent - address change only				
New Registered Office Address: Boca Raton Florida 33432				
New Registered Office Address: Boca Raton Storida Storida (City) (Zip Code)	Sume of New Registered Sigent	354 NE 5th St		<u>_</u>
New Registered Office Address: (City) (City)	-	(Florida s	treet address)	
ew Registered Agent's Signature, if changing Registered Agent: 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	No. 1 Day stay and 1000 and 1 day and	Boca Raton	[2]	33432
ew Registered Agent's Signature, if changing Registered Agent: 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	New Registered Office Address.			(Zip Code)
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				
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				
Signature of New Registered Agent, if changing	ew Registered Agent's Signature, if ch	anging Registered Ager	ıt:	
	hereby accept the appointment as registe	red agent. I am familiai	with and accept the obligations of the p	osition,
	<u></u>	Signature of Nove	Registered Agent If changing	
heck if applicable		ingnature of New	meganerea rigem, ij entanging	
The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.				

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.

X Change	PT John	Doe		
X Remove	<u>V</u> <u>Mike</u>	Jones		
X Add	<u>SV</u> <u>Sally</u>	Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) X Change	Pres	Paul Jost - address change only	354 NE 5th St	
Add			Boca Raton, FL 33432	
Remove				
2) Change	VP, Sec	Laura Holmes Jost - address change	354 NE 4th St	_
Add			Boca Raton, FL 33432	•
Remove 3) Change				-
Add				
Remove				_
4) Change				_
Add				-
Remove				-
5) Change				
Add				
Remove				-
6) Change				
Add				_
Remove				

Attach additional sheets, if necessary).	(Be specific)
_	
an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	endment if not contained if the amendment fisen.

. . .

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
-	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this of Department of State's records.	late will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder ac	tion and shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendmen sufficient for approval.	ı(s)
	approved by the shareholders through voting groups. The following states for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes c	nst for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
Dated	June 8, 2020 Pal C. gut	
Signature(By	a director, president or other officer – if directors or officers have not been	1
	ted, by an incorporator—if in the hands of a receiver, trustee, or other co- pinted fiduciary by that fiduciary)	urt
	Paul C. Jost	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	