P0400019248

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



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02/12/24--01026--029 **43.75



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION

| NAME OF CORPO | RATION: PALM BEACH RE | STORATION SERVICES | SINC |
|-------------------------|--|---|---|
| | BER: P08000079248 | | |
| | of Amendment and fee are sul | bmitted for filing. | |
| Please return all corre | espondence concerning this mat | ter to the following: | |
| | CHARLES C HINSON | | |
| | | Name of Contact Persor | 1 |
| | | Firm/ Company | |
| | 16985 HAYNIE LN | | |
| | JUPITER, FL 33478 | Address | |
| | | City/ State and Zip Code | ? |
| | CHARLESCHINSON@YAH | IOO.COM | |
| | E-mail address: (to be us | ed for future annual report | notification) |
| For further information | on concerning this matter, pleas | e call: | |
| MARY H. HINSON | | at (| 248-6219 |
| Name of Contact Person | | Area Co | de & Daytime Telephone Number |
| Enclosed is a check for | or the following amount made p | oayable to the Florida Depa | ortment 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) |
| Air Div P.C | iling Address lendment Section rision of Corporations b. Box 6327 labassee, FL 32314 | Amend Divisio The Co | Address Iment Section on of Corporations entre of Tallahassee |

Tallahassee, FL 32303



EMPLOYEE CHANGE FORM

| Name: KNNY LEONHARDT | | | _{SSN:} 594-58-7346 |
|---|--|---------------------------------------|--|
| Client Company Name: PALM BEACH RESTORATION SERVICES INC | | | Effective Date: 2/5/24 |
| | | Employee Change | |
| Changes: | | From: | To: |
| Name: | | | |
| (If new name, need co | ppy of DL, | | İ |
| SS Card, or court doc | ument) | | <u></u> |
| Address: (Home Address, City, Zip, Area Code, and F | | | |
| **Changes to Marita | al Status or Exemp | tions must be submitted o | on a new W-4 Form |
| e | | | The state of the s |
| Employee Signature | | | Date: |
| | | | Date. |
| | | Employer Change | |
| Changes: | | From: | To: |
| Rate of Pay: | | 25.50 | 26.50 |
| | | | |
| Pay Type: Hourly, Sa | • | | |
| Commission, or Sal-E | • | | |
| Commission, or Sal-E Pay Frequency: | • | | |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, | xempt | · · · · · · · · · · · · · · · · · · · | |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mon | xempt | | |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mon Job Title: | xempt | | |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mon Job Title: Home Department: | nthly | | |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mon Job Title: Home Department: Employment Categor | nthly | | |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mon Job Title: Home Department: Employment Categor Full Time, Part Time, | nthly ries: | | |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mon Job Title: Home Department: Employment Categor Full Time, Part Time, Seasonal, or Variable | nthly ries: | | |
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| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mon Job Title: Home Department: Employment Categor Full Time, Part Time, Seasonal, or Variable W/C Classification C | ries: Hour | Reason for Change | |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mor Job Title: Home Department: Employment Categor Full Time, Part Time, Seasonal, or Variable W/C Classification C | ries: Hour Code: | □ New Hire | □ Length of Service |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mon Job Title: Home Department: Employment Categor Full Time, Part Time, Seasonal, or Variable W/C Classification Commended Merit Increase Reclassification | ries: Hour code: □ Promotion □ Demotion | ☐ New Hire ☐ On Probation | ☐ Length of Service ☐ Probation Complete |
| Commission, or Sal-E Pay Frequency: Weekly, Bi-weekly, Semi-monthly, or Mor Job Title: Home Department: Employment Categor Full Time, Part Time, Seasonal, or Variable W/C Classification C | ries: Hour Code: | □ New Hire | |

Articles of Amendment to Articles of Incorporation of

| PALM | BEACL | LRES | STOR. | ATIO | NS | ERVIC. | ES. |
|------|-------|------|-------|------|----|--------|-----|
| | | | | | | | |

| (Name of Corporation as currently | filed with the Florida Dept. of State) | |
|--|--|--|
| P08000079248 | | |
| (Document Number of C | Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation: | lorida Profit Corporation adopts the fol | lowing amendment(s) to |
| A. If amending name, enter the new name of the corporation: | | TV. |
| name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A." | mpany," or "incorporated" or the abbro professional corporation name must c | The new eviation "Corp.," contain the word |
| 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 <u>MAY BE A POST OFFICE BOX</u>) | | · · · · · · · · · · · · · · · · · · · |
| D. If amending the registered agent and/or registered office address: | ss in Florida, enter the name of the | |
| Name of New Registered Agent | | · · · · · · · · · · · · · · · · · · · |
| (Florida stree | a address) | |
| New Registered Office Address: | (ity) Florida | (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi | th and accept the obligations of the pos | ition. |
| | gistered Agent, if changing | |
| Check if applicable | | |

 \Box 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.

| Example: X Change | <u>PT</u> <u>Joh</u> | nn Doe | |
|-------------------------------|----------------------|--|---------------------------------------|
| X Remove | <u>V</u> <u>Mi</u> | ke Jones | |
| <u>X</u> Add | <u>SV</u> <u>Sal</u> | ly Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| i) Change | VP/TR | MARY II. HINSON | 16985 HAYNIE LN |
| X Add | | | JUPITER, FL 33478 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove 3) Change | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | |
| Add | | | |
| Remove | | | |
| 4) Change | | | · · · · · · · · · · · · · · · · · · · |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6)Change | | | |
| Add | | | |
| Remove | | | |

| an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate NA) | amending or adding additional Art tach additional sheets, if necessary). | (Be specific) | |
|--|--|---|--------------|
| orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | |
| orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | |
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| orovisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | | | - |
| (if not applicable, indicate N/A) | an amendment provides for an exc | change, reclassification, or cancellation of issued shares, | |
| | provisions for implementing the am | iendment it not contained in the amendment itself: | |
| | (if not applicable, indicate N/A) | | 5 |
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| | DEC 1, 2023 | : Cuelling elimine elimine |
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| ane date of each amendment(s) ad date this document was signed. | option: | , it other than the |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this bl document's effective date on the De | ock does not meet the applicable statutory filing requirements, thourtment of State's records. | is date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adopaction was not required. | pted by the incorporators, or board of directors without shareholde | r action and shareholder |
| ☐ The amendment(s) was/were ado by the shareholders was/were su | pted by the shareholders. The number of votes east for the amendation fricient for approval. | nent(s) |
| | roved by the shareholders through voting groups. The following st each voting group entitled to vote separately on the amendment(s). | |
| "The number of votes east | for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| 2/5/24 Dated | | |
| selected appoint | rector, president or other officer – if directors or officers have not l, by an incorporator – if in the hands of a receiver, trustee, or other officers by that fiduciary) CHARLES C HINSON | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | r., |

(Title of person signing)