



**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PALM BEACH RESTORATION SERVICES INC

DOCUMENT NUMBER: P08000079248

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES C HINSON  
Name of Contact Person

Firm/ Company

16985 HAYNIE LN  
Address

JUPITER, FL 33478  
City/ State and Zip Code

CHARLESCHINSON@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY H. HINSON at ( 561 ) 248-6219  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
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:
<b>Name:</b> (If new name, need copy of DL, SS Card, or court document)		
<b>Address:</b> (Home Address, City, State, Zip, Area Code, and Phone #)		

**\*\*Changes to Marital Status or Exemptions must be submitted on a new W-4 Form.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Change		
Changes:	From:	To:
<b>Rate of Pay:</b>	25.50	26.50
<b>Pay Type:</b> Hourly, Salary, Commission, or Sal-Exempt		
<b>Pay Frequency:</b> Weekly, Bi-weekly, Semi-monthly, or Monthly		
<b>Job Title:</b>		
<b>Home Department:</b>		
<b>Employment Categories:</b> Full Time, Part Time, Seasonal, or Variable Hour		
<b>W/C Classification Code:</b>		

Reason for Change			
<input checked="" type="checkbox"/> Merit Increase	<input type="checkbox"/> Promotion	<input type="checkbox"/> New Hire	<input type="checkbox"/> Length of Service
<input type="checkbox"/> Reclassification	<input type="checkbox"/> Demotion	<input type="checkbox"/> On Probation	<input type="checkbox"/> Probation Complete
<input type="checkbox"/> Termination	<input type="checkbox"/> Transfer	<input type="checkbox"/> Re-Hire	<input type="checkbox"/> Other

Supervisor Signature: Mary H. Harris Date: 2/5/24

Articles of Amendment  
to  
Articles of Incorporation  
of

PALM BEACH RESTORATION SERVICES

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

P08000079248

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. 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.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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 **MAY BE A POST OFFICE BOX**)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. 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* \_\_\_\_\_

\_\_\_\_\_  
*(Florida street address)*

*New Registered Office Address:* \_\_\_\_\_, Florida \_\_\_\_\_  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I 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*

**Check if applicable**

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.





DEC 1, 2023

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)


Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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 \_\_\_\_\_."  
(voting group)

Dated 2/5/24 \_\_\_\_\_

Signature  \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CHARLES C HINSON

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)