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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BORO R	Suilding AND PROP	zety Maintenance INCORPORATED
_	032107	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
GARY Pe	Te HARRIS me of Contact Person	
Boro Building	- AND PROPERTY MY Firm/ Company	Aintenance Fronted
5571 MAR	QUESAS CIRCL Address	<u>e</u>
SARASOTA, F	L 34233 // State and Zip Code	
ROBANDSha E-mail address: (to be used	ARRON HOT MAIL for future annual report notification)	.Com
For further information concerning this matter, p	lease call:	
GARY Pete HARRIS Name of Contact Person	at (94/) 936-9 Area Code & Daytime Telep	
Enclosed is a check for the following amount ma	de payable to the Florida Departn	nent of State:
□\$35 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	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to **Articles of Incorporation**

01	
BORO BUILDING AND PROPERTU (Name of Corporation as currently filed with	MAINTENANCE INCORPORATED
P09000032105	7
(Document Number of Corporati	ion (if known)
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation	<u>n:</u>
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Contain the word "chartered," "professional association and the word "chartered," "professional association in the word "corp."	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	8466 NORTH LOCKWOOD RIDGE RD Suite 201
	SARASOTA, FL 34243
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8466 NORTH LOCKWOOD RIDGO RD
·	Suite 20/ SARASOTA, FL 34243
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add	
Name of New Registered Agent: GARY	Pete HARRIS
,	MARQUESAS CIRCLE ida street address)
SAPAS (City)	SoTA , Florida 34233 (Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. \(I am fami	
Thereby accept the appointment as registered agent Trainfam.	

Page 1 of 3

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)

Title	<u>Name</u>	<u>Address</u>	Type of Action
PR	2S Gemma Buen	VS 8232 Cypress Sarasota, F	LAK400 □ Add L342113
Λ1	Pichaeo Bue	ens 8232 Cypress L Sarasota, FL	AKe: 00 □ Add 34343 ☑ Remove
γf	JAN UNDERN	100P 28402 102 MyAKKA CIT	ORIVE Add
	amending or adding additional Artach additional sheets, if necessary).		
·A	MenDING EIN	#	,
	3.2.	7-2225172	
_		schange, reclassification, or cancellate tendment if not contained in the ame	

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 adcitional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>PRes</u>	Ryan SKRZYPKowski	5571 MARQUESASCIA SAPASOTA, FL 34233	Add Remove
44	<u>Leanne Skrzypko</u> nski	557/ MARQUESASCI SARASOTA, FL 3423	Add Remove
<u>Sec</u>	GARY Pete HAPPIS	557/ MAPQUOSAS C:R SARASOTA, FL3433	☐ Add ☐ Remove
	ding or adding additional Articles, enter c dditional sheets, if necessary). (Be specific	·	
provisi	mendment provides for an exchange, recla ons for implementing the amendment if no not applicable, indicate N/A)		

The date of each amendment(s) adoption: 9/1/20/0
Effective date if applicable:	9/1/2010 (date of adoption is required)
•	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
The amendment(s) was/were must be separately provided	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
	voiing group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	9/1/2010
Signature	bli
selec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Ryan SKRZyPKoWSKi (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)