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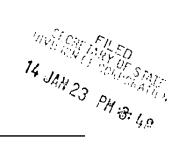
Amend 1.29.14

COVER LETTER

TO: Amendment Section Division of Corporations

	NATION: Southeast E		ions, Inc		
DOCUMENT NUME	BER: P1200004056	8			
	of Amendment and fee are sub				
Please return all corres	spondence concerning this mat	ter to the following:			
	Matthew I Quarle	es			
	······································	Name of Contact Persor			
	Southeast Elevate	or Inspections 1	nc		
	Codinodot Elovati	Firm/ Company			
	49 N. Federal Hig	· ·			
	Address				
	Pompano Beach, FL 33062				
•		City/ State and Zip Code			
elev	v8rman@aol.com				
		ed for future annual report	notification)		
		· ·	,		
For further information	n concerning this matter, pleas	e call:			
Matthew I Qu	ıarles	.954	849-6288		
	of Contact Person	at (Area Co.	849-6288 de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment 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		Amend	Address ment Section n of Corporations		
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circle			
		Tallahassee, FL 32301			

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as Southeast Elevator Inspe	currently filed with the Flo ections Inc	orida Dept. of State)		
.	nt Number of Corporation (if	known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	lorida Profit Corporation a	adopts the following	amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	o". A professional corpor	orated" or the ab	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		Southeast Elevator I	nspections, Inc.	
		49 N. Federal Hi	ghway, #253	
		Pompano Beac	h, FL 33062	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Southeast Elevator II	nspections, Inc.	
		49 N. Federal Hig	ghway, #253	
		Pompano Beacl	h, FL 33062	
D. If amending the registered agent an new registered agent and/or the new	w registered office address:		me of the	
Name of New Registered Agent	Matthew I. Quark		_	
	49 N. Federal Hi	 		
New Registered Office Address:	(Florida stree	•	33062	
	(City)	, 110110	(Zip Code)	
		lex	ns of the position. _	

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 <math>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 Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s	
1) Change	Р	Matthew I. Quarles	405 N. Ocean Blvd.	
Add			Apt. #427	
Remove			Pompano Beach, FL 33062	
2) Change	VP	Anna M. Berry	405 N. Ocean Blvd.	
Add			Apt. #427	
Remove			Pompano Beach, FL 33062	
3) Change	<u></u>			
Add			 	
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change	alogo po de la compansión			
Add				
Remove				

f amending or adding additional Art Attach additional sheets, if necessary).). (Be specific)
provisions for implementing the am (if not applicable, indicate N/A)	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:
Α	

The date of each amendment(s) adoption: date this document was signed.	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment	file date)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.	r the amendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The must be separately provided for each voting group entitled to vote separately on the an	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	"
The amendment(s) was/were adopted by the board of directors without shareholder acti action was not required.	on and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action as action was not required.	nd shareholder
Dated 1-16-2014	
Signature and M. Bury	
(By a director, president or other officer - if directors or office	
selected, by an incorporator – if in the hands of a receiver, tru appointed fiduciary by that fiduciary)	stee, or other coun
Anna M. Berry	
(Typed or printed name of person si	gning)
President	
(Title of person signing)	