## Plabout8610

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

Office Use Only



100248687121

100248687121 06/10/13--01044--015 \*\*35.00

JUN 13 2013

त. WHITE

FILED
13 JUN 10 AM 9: 01
SEGRETARY OF STATE
TANTIAHASSEES FEORD

## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: MILOE PROPERTY RENTAL INC DOCUMENT NUMBER: P12000048670 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: OWEN CLIFTON Name of Contact Person Firm/ Company 1010 MARSH VIEW LANE TARPON SPRINGS, FL 34689 City/ State and Zip Code RWILLIAMS@APLUSTBS.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 847-6324

Area Code & Daytime Telephone Number RICHARD WILLIAMS Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

**Mailing Address** 

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

FILED 3 JUN 10 AM 9:06

## MILOE PROPERTY RENTAL INC

Name of Corporation as currently filed with the Florida Dept. of State ALLAHASSEE, FLORIDA

P12000048670 (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: NA 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." NA B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) NA NA C. Enter new mailing address, if applicable: NA (Mailing address MAY BE A POST OFFICE BOX) NA NA 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: NA Name of New Registered Agent NA (Florida street address) New Registered Office Address: 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

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 Doc 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	V	Mike Jo	<u>ones</u>	
X Add	<u>SV</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) X Change	ST	_	COVI-CLIFTON, MARZIA	1010 MARSH VIEW LANE
Add				TARPON SPRINGS, FL 34689
Remove				
2) Change		<del>.</del>		
Remove				<u></u>
3 ) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_		-
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)			
NA			
F. If 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 N/A) NA			

The date of each amendment(s) adoption: 06/05/13				
Effective date if applicable:	·•			
	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	( <u>CHECK ONE</u> )			
■ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.			
	proved by the shareholders through voting groups. The following statement 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)			
	(voting group)			
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder			
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder			
Dated_06/05/	13			
Signature C	In Ch			
(By a c	firector, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court ated fiduciary by that fiduciary)			
	OWEN CLIFTON			
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of person signing)			