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COVER LETTER

Division of Corporations NAME OF CORPORATION: Maygan Elanna Johnson PA P130000 33767 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/ Company N. Waldren St. Pr Cadia, FL 342106 City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address

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

TO: Amendment Section

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

Articles of Amendment to Articles of Incorporation of

MAYGAN ELANNA JO	HNSON PA	
(Name of Corporation as curren	tly filed with the Florida Dept. o	f State)
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adop	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		•
365 PROPERTY MANAGEMI	ENT, INC.	The new
name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	on." "company," or "incorporatio". A professional corporatio	ted" or the abbreviation on name must contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	N/A	18 S
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	P 24 PH 4: 0
D. If amending the registered agent and/or registered office ad- new registered agent and/or the new registered office address		of the
Name of New Registered Agent NIA		
(Florida s	treet address)	
New Registered Office Address:	F7	orida
	(Cuy)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	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 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:	re, ame omij	Smith, D Custon Filler				
X Change	<u>PT</u>	<u>John Doe</u>				
X Remove	<u>V</u>	Mike Jones				
X Add	<u>SV</u>	Sally Smith				
Type of Action	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
(Check One) 1) Change	D	May	gan Johns	(V)	voy N. Wal	div S
<u> </u>		·	•			Ċ
Remove					Arcadia FL	
					34266	
2) Change				-		
Add						
Remove						
3) Change						
Add						
Remove					· · · · · · · · · · · · · · · · · · ·	
4)Change						
Add				.		
Remove						
5) Change	_,			-		
Add						
Remove						
o) Change						
Add						
Remove					,	

. <u>If amending or a</u> (Attach <i>additiona</i>	dding additional . l sheets, if necessar	Articles, enter c y). (<i>Be specif</i> i	hange(s) here:			
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If an amendmen	t provides for an omplementing the a	exchange, reclas	sification, or ca	incellation of	issued shares,	
(if not appli	icable, indicate NA)	ot contamed in	tue amendme	<u>m usen:</u>	
NIA						
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The date of each amendment(s) adoption:, if other than the date this document was signed.
·
Effective date if applicable: 10/10/18 (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 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 east for the amendment(s) was/were sufficient for approval .
by
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
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)
(Typed or printed name of person signing)
President
(Title of person signing)