P1300075371

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COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: BTR SERVICES OF PALM BEACH INC. DOCUMENT NUMBER: P13000075371 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROBERT M. MILLER JR. Name of Contact Person BTR SERVICES OF PALM BEACHING. Firm/ Company 3800 NW 2ND CT Address BOCA RATON, FL 33431 City/State and Zip Code BTRSERVICESPB@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATRICIA MORRELL 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 (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations **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

BTR SERVICES OF PALM BEACH IN	C			
(<u>Name</u>	of Corporation as curr	ently filed with the Florida Dept. of Stat	<u>e</u>)	
P13000075371				
	(Document Numbe	er of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, t	this Florida Profit Corporation adopts the	following amendm	nent(s) to
A. If amending name, enter the new n	ame of the corporation	Ē		
			The ne	
	iation: "Corp," "Inc," c	ation," "company," or "incorporated" e or "Co". A professional corporation nan on "P.A."		
B. Enter new principal office address,	if applicables	3800 NW 2ND CT		
(Principal office address MUST BE A S		BOCA RATON, FL 33431		
			- <u>s</u>	
C. Enter new mailing address, if appl (Mailing address MAY RF A POST		3800 NW 2ND CT	ORE CRE	erz ywari
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		BOCA RATON, FL 33431	¥ 20	
			20 3	777
		-	<u> </u>	J
		iddress in Florida, enter the name of the	三百二 2:	
new registered agent and/or the ne	ROBERT M. MILLER		т С	
Name of New Registered Agent		· Six		
	3800 NW 2ND CT			
New Registered Office Address:	(Florida street address)			
	BOCA RATON	, Florida	33431	
		(City)	(Zip Code)	
New Registered Agent's Signature, if c	hanging Registered Ag	ent:		
I hereby accept the appointment as regis.	tered agent. I am fumili	iar with and accept the obligations of the p	osition.	
	Signature of Ne	w Registered Agent, if changing		
	ĺ			

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.

Mike Jones, V as Remove	e, and Sal	ly Smith, SV as an A	ad.		
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>	<u>Name</u>			Address
1) Change					
Add					
Remove					
2) Change				<u> </u>	
Add					
Remove					
3) Change					
Add					
Remove					
4) Change		_			
Add					
Remove					
5) Change					
Add	 _				
Remove					
TEMOTE					
6) Change				_	
Add					
Remove					

E. If amending or adding additional Articles, enter chan	ge(s) here:
(Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	
	
A	
F. If an amendment provides for an exchange, reclassifie	ation, or cancellation of issued shares.
provisions for implementing the amendment if not co	ntained in the amendment itself:
(if not applicable, indicate N/A)	
 	
	1

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	15/2019	
Effective date <u>if applicable</u> :		han 90 days after amendment file date)
Note: If the date inserted in this locument's effective date on the l		applicable statutory filing requirements, this date will not be listed as the fds.
Adoption of Amendment(s)	(CHECK ONE	
☐ The amendment(s) was/were a by the shareholders was/were		The number of votes cast for the amendment(s)
		rs through voting groups. The following statement led to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) wa	as/were sufficient for approval
by		."
,	(voting group)	
action was not required.		ectors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	dopted by the incorporator	s without shareholder action and shareholder
5/15/201 Dated	9	
selec		r officer – if directors or officers have not been in the hands of a receiver, trustee, or other court ciary)
	ROBERT M. MILLER	JR.
	(Typed or pr	inted name of person signing)
	PVST	
	(Title of person signing)