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COVER LETTER

Division of Corporations NAME OF CORPORATION: Element Property Services Inc. DOCUMENT NUMBER: P 15 00 00 589 44 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Heather Grynka Name of Confact Person Flement Property Services 1534 Mocking bird Dc reck (emittonces department @ gmail-com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contakt Person

Name of Contakt Person

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$52.50 Filing Fee **□\$**43.75 Filing Fee &

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TO: Amendment Section

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

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Certificate of Status

Street Address

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

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Articles of Amendment

to

Articles of Incorporation of

Element Property	Services Inc.
\(\frac{1}{2} - \frac{1}{2} -	ly filed with the Florida Dept. of State)
P 15000058944	
(Document Number of	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	TheThe
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1534 Mockingbird Dr Naples Fl 34126
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1534 Mockingbird Dr. Naples FL 34120
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	
	ockingbied Och
New Registered Office Address: 1990 5	(City) Florida 34120 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	t: with and accept the obligations of the position.
Hathur Signature of New	Registered Agent, if changing
	·. — 8

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: X Change	<u>PT</u>	John Doe				
X Remove	V	Mike Jones				
X Add	<u>sv</u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s		
1) K Change	D	Heather	Grynka_		lockingbrd	
Add				Region F	<u>- [341</u> 20)
Remove						
2) X Change	PS	Heather	r Grynka	1534 M	ockingbird	pa
Add				iverples,	FL 34120	1
Remove 3) X Change Add	T, D	Jeffrey	Grynka	1 <u>534 M</u> Naplis, 1	 ockingbird FL 34120	Pc
Remove						
4) Change Add	<u> </u>	Jeffrey	6 rynka	1 <u>534 M</u> Naples, F	ockingbird L 34120	Q<
Remove						
5) Change						
A d d				 		
Remove						
6) Change			<u></u>			
Add						
Remove						

Ausen <i>aaaitionai shee</i>	ng additional Arti ets, if necessary).	(Be specific)			
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			<u> </u>	<u> </u>	<u>.</u>
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			:	tion of issued char	or.
If an amendment pro provisions for imple	ovides for an excr ementing the ame	nange, reciassificat	ained in the am	endment itself:	<u>cs.</u>
(if not applicabl	le, indicate N/A)			<u> </u>	
					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable: 3-7-19 (no more than 90 days after amendment file date)	
(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 document's effective date on the Department of State's records.	will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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):	И
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voling group)	
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 ————————————————————————————————————	
(Typed or printed name of person signing)	
P(PS) de \(\frac{1}{2} \) (Title of person signing)	