

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Ви | isiness Entity Nar | me) | | |
| (Do | ocument Number) | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |





600277592286

10/01/15--01005--022 **35.00

They

OCT 05 2015

R. WHITE

TO: Amendment Section **Division of Corporations**

| NAME OF CORPORAT | TION: 5 & S | Property Pre | sevation specinist INC, | | |
|-----------------------------|---|--|--|--|--|
| DOCUMENT NUMBER | « P1500 | 00 666 9 | <u>.</u> | | |
| The enclosed Articles of A | Amendment and fee are su | bmitted for filing. | | | |
| Please return all correspon | ndence concerning this mat | ter to the following: | | | |
| | Cirk 810 | Name of Contact Person | Roshell Stonar modion Specialist INC | | |
| | 5 \$ 5 Pr | 5PATY PCSA Firm/Company | ration Specialist INC | | |
| | P. O. BOX 7 | | | | |
| | | Address | | | |
| | Tamarac | . Florida | <u>233320</u> | | |
| | | City/ State and Zip Cod | e | | |
| 55 | a property | preservation | Ggmil.com | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information co | oncerning this matter, pleas | e call: | | | |
| Roghell | | at (888 | 669-1499 | | |
| Name of C | Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for th | e following amount made p | payable to the Florida Depa | artment of State: | | |
| \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | ☐\$43.75 Filing Fee & Certified Copy (Additional copy is | ☐\$52.50 Filing Fee Certificate of Status Certified Copy | | |
| | | enclosed) | (Additional Copy is enclosed) | | |
| Amendi | r Address nent Section n of Corporations | Amend | Address Iment Section on of Corporations | | |
| P.O. Bo | | | on of Corporations Building | | |
| Tallaha | ssee, FL 32314 | | 2661 Executive Center Circle | | |

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

| 117 | | | |
|-----|--|--|--|
| 1 6 | | | |

| | Amendment |
|---|--|
| | to Incorporation |
| | of 15 OCT -1 PH 2: 16 |
| SES property Preservat | ntly filed with the Florida Dept. of State) |
| (Name of Corporation as curre | ntly filed with the Florida Dept. of State) |
| P 15000 66694 | |
| (Document Number | r of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, the Articles of Incorporation: | nis Florida Profit Corporation adopts the following amendment(s) |
| A. If amending name, enter the new name of the corporation: | <i>T</i> 7. |
| name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | r "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 4813 NW 58th Street |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | TAMARAC, FL 33319 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | P.O.BOX 25011 |
| | TAMARAC, FL |
| | 33320 |
| D. If amending the registered agent and/or registered office ac new registered agent and/or the new registered office address | |
| Name of New Registered Agent | |
| (Florida | street address) |
| | |
| New Registered Office Address: | (City), Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered Age | ent: |
| hereby accept the appointment as registered agent. I am familia | r with and accept the obligations of the position. |
| Signature of New | v 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: 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>Addres</u> s |
| i) Change | $\frac{\checkmark}{}$ | YOLANDA SIMPSON VICE PRESIDENT | 4813 NW 58th 8T. TAMAMAC FL 33316 |
| × Add | | THE PRESIDENT | IAMAMAC FL 33312 |
| Remove | | | |
| 2) Change | | | |
| Add | | | (2 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | · |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| E. <u>If amending or ad</u> (Attach additional s | - Laber if was | agagina) (Pa | amanifia) | | | | ı |
|--|----------------|--|--------------|---|---|---------------------------------------|--|
| PLEASE | EDIT (| ONE L | CTTPR | IN THE | b J | RESIC | 1ants |
| NAME | it | Shoul | d be | Cer | k 9 | ONDR | not |
| PLEASE NAME CINK S | Honer | - | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | · · | | | | | | |
| | | | | | | | |
| | | | | • • • • • • • • • | | | |
| | | | | * · · · · · · · · · · · · · · · · · · · | der/marker (n. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | |
| | | | | | | | |
| | | | | | | | ************************************** |
| | | | | | | ., | |
| E Kan amandanasi | | | | | <i></i> | -d -k | |
| F. If an amendment provisions for im | plementing | the amendme | | | | | |
| (if not applied | able, indicate | ? N/A) | | | | | |
| | | | | | v | | ************************************* |
| | | , , , | | ···· | | · · · · · · · · · · · · · · · · · · · | |
| | | ······································ | | | | | |
| | | | ···· | | ······································ | | |
| | | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · |
| | | | · | <u> </u> | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | |

| The date of each amendment(s) a date this document was signed. | | , if other than the |
|--|---|---|
| Effective date <u>if applicable</u> : | 9-23-15 | |
| | (no more than 90 days a | fter amendment file date) |
| Note: If the date inserted in this document's effective date on the De | | tutory filing requirements, this date will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were adby the shareholders was/were so | opted by the shareholders. The number ufficient for approval. | of votes cast for the amendment(s) |
| | proved by the shareholders through voti reach voting group entitled to vote sept | |
| "The number of votes cast | for the amendment(s) was/were suffici | ent for approval |
| by | (voting group) | 29 |
| | (voting group) | |
| The amendment(s) was/were adaction was not required. | opted by the board of directors without | shareholder action and shareholder |
| The amendment(s) was/were adaction was not required. | opted by the incorporators without shar | eholder action and shareholder |
| Dated 9- | 23-15 | |
| Signature | 23-15 C. 8 Honen | |
| selecte | director, president or other officer – if ded, by an incorporator – if in the hands of the fiduciary by that fiduciary) | |
| | CERK ANTHORI (Typed or printed name of | Stoner person signing) |
| | PRESIDENT | |

(Title of person signing)