P1700014858

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	N- 101-11
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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DEPARTMENT SIMIL BY THE D

ECRETARY OF STATE

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COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: Wholey	, Honnah Pr	operty Services	Inc
DOCUMENT NUMBE	DIZON	0014858.		† -
The enclosed Articles of	Amendment and fee are sub	omitted for filing.		
Please return all corresp	ondence concerning this mat	ter to the following:		. •
· · · · · · · · · · · · · · · · · · ·	Usa O	Rabinsm Name of Contact Person		· .
· -	Condrug A	Firm/Company	of Services In	<u>n</u> c
	Tallohussee	Address FL 323 City/ State and Zip Code	Leasing Offi	ce
	isac lomoxm			_
For further information	concerning this matter, pleas	e call:		
Lisa G. R	Sbinson Contact Person	w. \ <u></u>	(31-9785) de & Daytime Telephone N	lumber
Enclosed is a check for	the following amount made	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 enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
<u>Mail</u>	ing Address	Street	Address	

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

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

Articles of Amendment

to

Articles of Incorporation of

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Warey Horach Property Services, FINC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P17006014858	
(Document Number of Corporation (if known)	-
Oursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following	g amendment(s) to
ts Articles of Incorporation:	
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the a "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must	bbreviation
word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	·
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	-
	_
	- ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>
	_
	_
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:	
Name of New Registered Agent	
(Florida street address)	
	•
New Registered Office Address: ,Florida (City) (Zip Code)	- :
(3.9)	
ALL SEE	
New Registered Agent's Signature, if changing Registered Agent:	= 11
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. $G \ge 1$	3 11
	00
Signature of New Registered Agent, if changing	> 1.1
CORP.	= 0

address of each Office (Attach additional sheet Please note the officer) $P = President; V = Vice Executive Officer; CF held President, Treast Changes should be not a change, Mike Jones$	er and/or I ets, if neces director tit ce Presiden O = Chief urer, Direct ted in the fo	tle by the first letter of the office title: nt; T= Treasurer; S= Secretary; D= Director; TR= Financial Officer. If an officer/director holds more	Trustee; C = Chairman or Clerk; CEO = Chief e than one title, list the first letter of each office be PST and Mike Jones is listed as the V. There is
X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action	Title	Name	Address Day 10 Rd-1 RASING DEFice
(Check One)	P	Lisa G. Robinson	Address 1380 OcalaRd-Lansing Office Tallahussee, FL 33304
1) Change		<u> </u>	141/104/(M275C) 1 = - 1
Add			
Remove		FILING CANCELLED	
2) Change		RETURNED CHECK	
Add			
Remove		•	
3) Change			
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5) Change			
Add			·
Remove			<u> </u>
6) Change			· · · · · · · · · · · · · · · · · · ·
Add			

Remove

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RETURNED CHECK	
···	<u> </u>

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	·
(no more than 90 days after amendment file dat	te)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amendm	
"The number of votes cast for the amendment(s) was/were sufficient for approval	FILING CANCELLEI
by" (voting group)	RETURNED CHECK
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and sha	
action was not required.	Tenolaei
Dated 5 - 8-17	•
Signature Lin an Robinson	
(By a director, president or other officer — if directors or officers have selected, by an incorporator — if in the hands of a receiver, trustee, cappointed fiduciary by that fiduciary)	
Lisa ann Robinson	
· (Typed or printed name of person signing))
President	

(Title of person signing)