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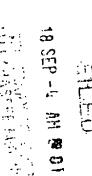
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TO: Amendment Section
Division of Corporations

NAME OF COR	Professional Prope	erty Management Group, Inc.				
DOCUMENT N	UMBER:					
	icles of Amendment and fee are su	abmitted for filing.				
Please return all c	orrespondence concerning this ma	atter to the following:				
	Raiph L. Evans, Esq.					
	Name of Contact Person					
	Collins Brown Barkett Garavaglia & Lawn Chartered					
	Firm/ Company 756 Beachland Blvd.					
	Address					
	Vero Beach, FL 32963					
	City/ State and Zip Code					
r	evans@verolaw.com	V				
_	E-mail address: (to be us	sed for future annual report notification)				
For further inform	nation concerning this matter, pleas	se call: at (772				
Ne	ume of Contact Person	at () Area Code & Daytime Telephone Number				
		payable to the Florida Department of State:				
S35 Filing Fe	e S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

Articles of Amendment to Articles of Incorporation of

Professional Property Management Group, Inc.

(Name of Corporation as current)	filed with the Florida Dept. of State)
82-3024626 D17000080466	
	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this aits Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
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)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered of fice address:	
Name of New Registered Agent	
(Florida stre	et address)
New Registered Office Address:	Florida
•	(City) (Zip Cod€)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	egistered 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 PT John Doc X Remove Y Mike Jones _X Add ŞΥ Sally Smith Type of Action Title Name <u>Address</u> (Check One) TD Mie L. Powell 6780 56th Street 1) ____Change Vero Beach, FL 32967 Add Remove 2) X Change J. Dale Sorensen, Sr. **VPTSD** 915 Bay Oak Lane Vero Beach, FL 32963 Add __ Remove 3) ____ Change _ Add Remove 4) ____ Change __ Add Remove 5) ____ Change Add Remove 6) ____ Change Add _ Remove

tach additional sheets, if necessary).	(Be specific)
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n amendment provides for an exchovisions for Implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis

The date of each amendment(s) adoption: _date this document was signed.		, if other than the
Effective date if applicable:		
Estettive date il apprecipite.	(no more than 90 days after amendment file	date)
Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statutory filing requires of State's records.	ments, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders was/were sufficient for	he shareholders. The number of votes cast for the or approval.	amendment(s)
	the shareholders through voting groups. The folloing group entitled to vote separately on the amend	
"The number of votes east for the an	nendment(s) was/were sufficient for approval	
by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(r	voting group)	
The amendment(s) was/were adopted by the action was not required.	he board of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by the action was not required.	he incorporators without shareholder action and si	hareholder
Dated8-2-0	2018	
Signature	n ship I am	
(By a director, pr	psident or other officer - if directors or officers h	ave not been
selected, by an in	corporator - if in the hands of a receiver, trustee,	or other court
appointed fiducia	ary by that fiduciary)	
J. Dale S	orensen, Sr.	
	(Typed or printed name of person signing)	
Vice Pres	sident/Treasurer/Secretary/Director	
	(Title of person signing)	