P18000062753

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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☐ PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
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(100	cument Number)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PB Contractor Ser	vices, Inc	
DOCUMENT NUM	BER: P18000062753		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Micharl J Hilghman		
		Name of Contact Person	n
	PB Contractor Services, INC		
		Firm/ Company	
	3000 High Ridge Rd STE 7		•
		Address	
	Boynton Beach, FL 33426		
		City/ State and Zip Code	e
	mike@palmbeach4rent.com		
		sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
Michael Hilghman		at (561	294-8255
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassee, FL 32314	Amend Divisio The Co 2415 N	Address Innent Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 passee, FL 32303

Articles of Amendment to Articles of Incorporation of

PB Contractor Services, INC (Name of Corporation as currently filed with the Florida Dept. of State) P18000062753 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s): its 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 abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." 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 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 (Citv) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position. Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an 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 = Chie 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>Name</u>	<u>Addres</u> s
1) Change	s	Scott Kelly	140 Coconut Dr
X Add			Ft Myers Beach. FL 33931
Remove			
2) Change		<u> </u>	
Add			
Remove 3) Change			
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change	*		
Add			
Remove			
6) Change			
Add			
Remove			

. If amending or adding additional A	Articles, enter change(s) here:	
(Attach additional sheets, if necessar	y). (Be specific)	
		
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If an amendment provides for an e	exchange, reclassification, or cancellation of issued shares,	
	amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A))	
/A		
		
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		-

The date of each amendment(s)	adoption:	, if other than th
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendmesufficient for approval.	ent(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	'ement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
5/22/202 Dated	A O At a	
Signature	The state of the s	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other on the fiduciary by that fiduciary)	
	Michael J Hilghman	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	