## 18000067044

(Re	questor's Name)	
(Ad-	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phon	e #)
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Elevate Business E	Development Group Inc.	
	BER: P18000067044		
	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
	Ellen Engel		
		Name of Contact Person	n
	Elevate Business Developme	nt Group Inc.	ALLAHASSEE. FLO
		Firm/ Company	H. L.
	2030 NE 28th St		A 30
		Address	Ele F
	Lighthouse Point, FL 33064		FLO
		City/ State and Zip Cod	e 24 🛲
eller	@elevatebdg.com		ロロ・ <b>エ</b> ア
	=	sed for future annual report	notification)
	,	•	
For further information	on concerning this matter, pleas	se call:	
Ellen Engel		at (252	288-2133
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or 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)
An Div	niling Address nendment Section vision of Corporations D. Box 6327	Ameno Divisio	Address Iment Section on of Corporations Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

( <u>Name</u>	of Corporation as curre	ntly filed with the Florida D	ept. of State)
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	is Florida Profit Corporation	adopts the following amendment(s) t
A. If amending name, enter the new na	ame of the corporation:		
			The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	tain the word "corporal nation "Corp," "Inc," or ition," or the abbreviation	tion," "company;" or "inco. · "Co". A professional corp n "P.A."	rporated" or the appreciation oration name must pontain the
B. Enter new principal office address, (Principal office address MUST BE A S			SSECTION D
C. Enter new mailing address, if apple (Mailing address MAY BE A POST)		PO Box 5523	
D. If amending the registered agent ar			name of the
new registered agent and/or the nev	w registered office addre	<u>ess:</u>	
Name of New Registered Agent	-		
	728 Valley Forge Rd		<del></del>
	Jacksonville (Florida	street address)	32208
New Registered Office Address:	Jacksonvine	(City)	, Florida(Zip Code)
		(Cny)	(Σην Ουία)
New Registered Agent's Signature, if c I hereby accept the appointment as regist			ions of the position.
	Signature of New	Registered Agent, if changin	y

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> <u>John</u>	<u>ı Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	2nd VP	Mary Beth Walters	769 Fagle View Dr
AX Add			Tallahassee, FL 32311
Remove			
2) AN Change	Presiden	Delvon Survine	509 Colony Dr
Add	<del> </del>		Ridgeland, SC 29936
Remove 3) XX Change	VP	Kyle McCloud	728 Valley Forge Rd
Add			Jacksonville, Fl. 32208
Remove			Te and
4) Change		<del>.</del>	ZOIS JAN T
Add Remove			SEE SEE
5) Change	<del></del>		FLORE D
Add			<b>→</b>
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)	
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		7
an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
(y nor approxime, material conty		
	<u> </u>	<del></del>
		<del></del>

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament fite date)	
Note: If the date inserted in this document's effective date on the	s block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were a by the shareholders was/were	idopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	ist for the amendment(s) was/were sufficient for approval	
by	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
01/16/20 Dated	19	Sign &
selec	director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court sinted fiduciary by that fiduciary)	<del></del>
	Kyle McCloud	7 Pr. 2
	(Typed or printed name of person signing)	26
	COO, Vice President	
	(Title of person signing)	