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(Ř	equestor's Name)	
(Ad	ddress)	
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(C	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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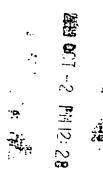
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C. GOLDEN 0CT - 5 2020

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Michael J. Akialis P.A.
DOCUMENT NUMBER: <u>P1900005048</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael J. Akialis
Michael J. Akialis Name of Contact Person Michael J. Akialis P.A. Firm/ Company
1609 S Flagler Ave Flagler Beach FL 32136
City/ State and Zip Code Makialis What Mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Akiplis Name of Contact Person at (386), 793 5435 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation

of

MICHAEL J. AKIALIS, P.	A. 2010 1-2 AND: 27
	tly filed with the Florida Dept. of State)
P19000005048	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
ELITE MORTGAGE SERVICES, IN	C,The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co", "chartered," "professional association," or the abbreviation "P.A.	"company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word ."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	213 South 22° St. Ste 1 Flagler Beach FL 32136
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	213 South 2nd St. Stel Flagler Beach FL 32136
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre	
Name of New Registered Agent	
(Florida s	treet address)
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	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, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

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.

X Change	<u>PT</u>	<u>John Doe</u>	
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			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional	dding additional Art sheets, if necessary).	(Be specific)				
						
•				_		
provisions for in	t provides for an exc uplementing the amo able, indicate N/A)	hange, reclassific endment if not co	cation, or cancell ontained in the a	ation of issued s mendment itself	shares, f:	
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The date of each amendment(s) adoption: date this document was signed.		, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block doe document's effective date on the Departmen	s not meet the applicable statutory filing requirements, to of State's records.	his date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors without shareholde	er action and shareholder
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient to	the shareholders. The number of votes cast for the amend for approval.	ment(s)
• • • • • • • • • • • • • • • • • • • •	the shareholders through voting groups. The following so ing group entitled to vote separately on the amendment(s)	
"The number of votes cast for the a	mendment(s) was/were sufficient for approval	
by	,,,	
•	(voting group)	
Dated 9/20/	2020	
(By a director, p selected, by an i	resident or other officer – if directors or officers have not ncorporator – if in the hands of a receiver, trustee, or othe iary by that fiduciary)	been r court
	Michael J. Akialis (Typed or printed name of person signing)	
	(Typed or printed name of person signing) President	
	(Title of person signing)	