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OTVISION OF CORPORATEUR

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Res	sidential Elevat	ors, Inc.	
DOCUMENT NUMBER: P960000	044284		The second of th
The enclosed Articles of Amendmen		ibmitted for filing.	
Please return all correspondence cor	cerning this ma	atter to the following:	
Elise Gross, I	∃sq.		·
	<u> </u>	Name of Contact Person	1
The Presser L	aw Firm, P.A.		
•		Firm/ Company	
6199 N. Fede	ral Highway	Time Company	
		Address	······································
Boca Raton, l	FL 33487		
	·····	City/ State and Zip Cod	e
eg@assetprotection	attornevs.com		
· · · · · · · · · · · · · · · · ·		sed for future annual report	notification)
For further information concerning t	his matter, plea	se call:at (953-1050
Name of Contact Person		Area Co	de & Daytime Telephone Number
Enclosed is a check for the following	g amount made	payable to the Florida Depa	artment of State:
	5 Filing Fee & cate 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle

Articles of Amendment to Articles of Incorporation of

Residential Elevators, Inc.		500
(Name of Corporation as currently filed with the Florida Dept. of State)	芸	3
P96000044284	يد	,
(Document Number of Corporation (if known)		,
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followits Articles of Incorporation:	wing amen	ıdne
A. If amending name, enter the new name of the corporation:		ø
	The	new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name mu word "chartered," "professional association," or the abbreviation "P.A."	e abbrevio	ation
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 amonding the registered agent and/or registered office address in Florida, enter the name of the		
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)	
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	on.	
Signature of New Registered Agent, if changing		

address of each Office (Attach additional shee Please note the officer/ P = President; V= Vic Executive Officer; CFO held. President, Treasu Changes should be not a change, Mike Jones l Mike Jones, V as Remo	er and/or I ts, if neces director tit e Presiden O = Chief rer, Direct ed in the fe eaves the c	Director being added: ssary) the by the first letter of the office title. ht; T= Treasurer; S= Secretary; D= Financial Officer. If an officer/dire tor would be PTD. following manner. Currently John De	Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief ector holds more than one title, list the first letter of each office is listed as the PST and Mike Jones is listed as the V. There is the V and S. These should be noted as John Doe, PT as a Change,
Example: XChange	<u>PT</u>	John Doc	
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>	Address
1) Change	Pres	Eric M. Sharkey	2910 Kerry Forest Parkway
Add			Suite D4-1
X Remove			Tallahassee, FL 32309-6892
2) Change	Pres.	Erin Ennis	2910 Kerry Forest Parkway
X Add	-		Suite D4-1
Add			Tallahassee, FL 32309-6892
3) Change			
Add		_	
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			· :
Add			
			—

_ Remove

, , , , , , , , , , , , , , , , , , ,	ticles, enter change(s) here: (Be specific)	
	· :	
If an amendment provides for an excl	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		•
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

Th- d-46	May 15, 2017	, if other than the
The date of each amendment(s) adoption: date this document was signed.		, it offer that the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file	- 1-4-)
	(no more than 90 days after amenament file	e date)
Note: If the date inserted in this block do document's effective date on the Departmen	es not meet the applicable statutory filing requir a of State's records.	ements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were adopted by by the shareholders was/were sufficient	the shareholders. The number of votes cast for the for approval.	ne amendment(s)
	y the shareholders through voting groups. The fo ting group entitled to vote separately on the ame	
	mendment(s) was/were sufficient for approval	
by	,,,	
	(voting group)	
☐ The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action	and shareholder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and	shareholder
Dated May 1 Signature	Mals Breake	
	president or other officer - if directors or officers	
	incorporator – if in the hands of a receiver, truste ciary by that fiduciary)	e, or other court
	y S. Boeneke	
	(Typed or printed name of person signing)	
Directo	or	
	(Title of person signing)	