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2025 JUL -2 PM 2:41  
SECRET  
FALL 2025

SB 7/25/2025

The Law Offices of Timothy K. Anderson  
**TIMOTHY K. ANDERSON, ESQ.**  
480 Maplewood Drive, Suite 5  
Jupiter, Florida 33458

Lorraine A. Hinkle  
Legal Assistant

May 28, 2025

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Articles of Amendment to Articles of Incorporation for changes to  
Atlantic Interior Services, Inc.

Please find enclosed the executed original Articles of Amendment to Articles of Incorporation to Atlantic Interior Services, Inc. along with check number 14546 in the sum of \$35.00 to cover the filing fee.

Thank you for your assistance. If you have any questions, please do not hesitate to contact this office.

Very truly yours,



Lorraine Hinkle,  
Legal Assistant to  
Timothy K. Anderson, Esq.

TKA/lh

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: ATLANTIC INTERIOR SERVICES, INC.

DOCUMENT NUMBER: P99000046500

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

James C. Burns, Esq.

Name of Contact Person

James C. Burns Attorney at Law

Firm/ Company

480 Maplewood Drive, Suite 5

Address

Jupiter, Florida 33458

City/ State and Zip Code

james@burnslawpb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James C. Burns, Esq. at (561) 747-2600  
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:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Articles of Amendment  
to  
Articles of Incorporation  
of

Atlantic Interior Services, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

(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) to 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* James C. Burns

480 Maplewood Drive, Suite 5

(Florida street address)

*New Registered Office Address:* Jupiter, Florida 33458  
(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.

  
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)

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:

☒ Change                      PT              John Doe

☐ Remove                      V              Mike Jones

☐ Add                      SV              Sally Smith

| Type of Action<br>(Check One)           | Title     | Name                          | Address                               |
|-----------------------------------------|-----------|-------------------------------|---------------------------------------|
| 1) <input type="checkbox"/> Change      | <u>TS</u> | <u>Elizabeth Anne Colodny</u> | <u>3710 Buckeye Street, Suite 110</u> |
| <input checked="" type="checkbox"/> Add |           |                               | <u>Palm Beach Gardens, FL 33410</u>   |
| <input type="checkbox"/> Remove         |           |                               |                                       |
| 2) <input type="checkbox"/> Change      | <u></u>   | <u></u>                       | <u></u>                               |
| <input type="checkbox"/> Add            |           |                               |                                       |
| <input type="checkbox"/> Remove         |           |                               |                                       |
| 3 ) <input type="checkbox"/> Change     | <u></u>   | <u></u>                       | <u></u>                               |
| <input type="checkbox"/> Add            |           |                               |                                       |
| <input type="checkbox"/> Remove         |           |                               |                                       |
| 4) <input type="checkbox"/> Change      | <u></u>   | <u></u>                       | <u></u>                               |
| <input type="checkbox"/> Add            |           |                               |                                       |
| <input type="checkbox"/> Remove         |           |                               |                                       |
| 5) <input type="checkbox"/> Change      | <u></u>   | <u></u>                       | <u></u>                               |
| <input type="checkbox"/> Add            |           |                               |                                       |
| <input type="checkbox"/> Remove         |           |                               |                                       |
| 6) <input type="checkbox"/> Change      | <u></u>   | <u></u>                       | <u></u>                               |
| <input type="checkbox"/> Add            |           |                               |                                       |
| <input type="checkbox"/> Remove         |           |                               |                                       |

(Attach additional sheets, if necessary). (Be specific)

(Attach *additional sheets, if necessary*). (Be *specific*)

[illegible]

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

Dated May 13, 2025

Signature \_\_\_\_\_  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

George Saunderson, as sole shareholder of the Company

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)