## P13000056043

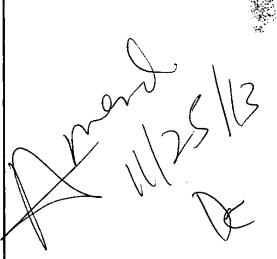
(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to	Filing Officer:				
		2208			

Office Use Only



600252729686

10/23/13--01011--011 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Change of Address

Name of Corporation

DOCUMENT NUMBER, P13000056043

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Mitchell

Name of Contact Person

Firm/Company

2398 Commercial Way, Suite 198

Address

Spring Hill, FL 34606

City/State and Zip Code

pixney@outlook.com

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

For further information concerning this matter, please call:

Tom Mitchell

...352

238-5767

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:** 

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

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

PIXNEY, INC.

•	** ; ( ) 15°		£
(Name of Corporation as currently filed with the Florida Dept. of State)	7	东	's have a
P13000056043	The	7.	
(Document Number of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following Articles of Incorporation:	ng amendn	ient(s)	to
A. If amending name, enter the new name of the corporation:			
	The ne	w	
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 must 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)  Strength Hill F	<u>a</u> l 4 - L 34	601 601	4
C. Enter new mailing address. If applicable: (Mailing address MAY BE A POST OFFICE BOX)  Suite 198			•
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:	FL 3	y Y (	,CC
Name of New Registered Agent  2398 Commercial Way  (Florida street address)  New Registered Office Address: Suite 198 Shinghi), Florida 3 4 60  (City) (City) (Zip Code)	26		
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

## 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	PT	John De	<u>ve</u>		
X Remove	Y	Mike Jo	nes		
X Add	<u>sv</u>	Sally Şı	<u>mith</u>		
Type of Action (Check One)	Title		Name		Address
1) Change		_			
Add					<del></del>
Remove				•	
2) Change		_			·
Add					
Remove					·
3) Change				-	
Add					
Remove					
4) Change		<del></del>		_	
Add					
Remove			·		
5) Change				_	
Add					·
Remove					
6) Change					
Add				_	
Remove					
• · · · · · · · · · · · · · · · · · · ·					

LAU	ADDRESSE Should ROAD
TOR PIX	
<u>()</u>	MAILING APPROSC
<u>v</u>	PRINCIPAL HOOPESS
	Pages tonop Apport Name AND API
	Officer Viroctor Detail
(S)	AND ANY ETHER HADROSSOS
7	398 COMMERCIAL WAY
	Suita 190
	CADION HILL SYLME
	31K119 MIL 1 = 31000
endment provides fo	or an exchange, reclassification, or cancellation of issued shares,
	g the amendment if not contained in the amendment itself:
	,
- ""	

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)	_
Adoption of Amendment(s) (CHECK ONE)	
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	i
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature & May Mitchell	<u> </u>
(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)	
Mary Mitchell	<del></del>
(Typed of printed name of person signing)	
(Title of person signing)	<del></del>