P14000035807

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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> 14 APR 28 PM 1: 56 SECRETARY OF STATE FALL AHASSEE, FLORIDA

C. LEVVIS

MAY 7 2013

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	P&P MANA BER: P1400003580		SULTANS CORP		
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	SILVIA PAN				
		Name of Contact Person			
	P&P MANAGEME	ENT CONSULTA	ANTS CORP		
		Firm/ Company			
	3610 PARK COU	RT	_		
		Address			
	WESTON FL 333	32			
		City/ State and Zip Code	3		
Spe	erez65@gmail.con	n			
<u> </u>		ed for future annual report	notification)		
For further informatio	n concerning this matter, pleas	e caii:			
SILVIA PAN		at (954	, 4101444		
Name of Contact Person Area Code & Daytime Telephone Num					
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	rrtment 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)		
Mailing Address Amendment Section		Street Address Amendment Section			
	ision of Corporations	Division of Corporations			
P.O. Box 6327 Clifton Building					
Tai	ahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

APPRUVED AND FILED

Articles of Amendment to **Articles of Incorporation**

14 APR 28 PM 1:56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P&P MANAGEMENT CONSULTANS CORP

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

ent(s) to

P14000035807	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corpor its Articles of Incorporation:	ation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
P&P MANAGEMENT CONSULTANTS CORP	The new
name must be distinguishable and contain the word "corporation," "company," or "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional word "chartered," "professional association," or the abbreviation "P.A."	incorporated" or the abbreviation corporation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
	and the state of t
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 new registered agent and/or the new registered office address:	the name of the
Name of New Registered Agent	
(Florida street 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 ob	ligations 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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Joi	<u>1es</u>	
X Add	<u>sv</u>	Sally Sm	<u>úth</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		,
Add				
Remove				
2) Change		_		
Add				
Remove				•
3) Change				-
Add		_		
Remove				
Kemove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

tach additional sheets, if necessary).	(Be specific)				
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	<u> </u>		-		
an amendment provides for an excl	hange, reclassific	ation, or can	cellation of	issued sha	res.
covisions for implementing the ame (if not applicable, indicate N/A)	ndment if not co	ntained in th	e amendme	nt itself:	
(g not approved a manage a manage					
					_
					
	· · · · · · · · · · · · · · · · · · ·				
					



The date of each amendment(s) a	14 APR 28 PM 1: 56	, if other than the
date this document was signed.	SECRETARY OF STATE TALL AHASSEE, FLORIDA	
Effective date if applicable:	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	t for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ac action was not required.	lopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ac action was not required.	lopted by the incorporators without shareholder action and shareholder	
Dated_04/24/2	2014	
Signature	(X) (X)	
(Ву а	director president or other officer - if directors or officers have not been	
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court nited fiduciary by that fiduciary)	
<u>-</u>	Silvia Pan	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	