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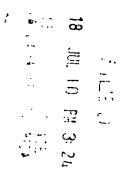
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Office Use Only



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MUE 1 C TOTAL S. PRATHER



June 20, 2018

PCORREA SERVICES CORP C/O HASSAN WRAYA 595 E. SAMPLE ROAD POMPANO BEACH, FL 33064

SUBJECT: PCORREA SERVICES CORP

Ref. Number: P18000050192

It has been brought to the attention of this office that PCORREA SERVICES CORP, is not located at 233 NE 45TH CT POMPANO BEACH, FL 33064, as listed on the records of the Florida Department of State, Division of Corporations.

Therefore, the purpose of this notice is to: 1.) notify the owner of the Corporation of the incorrect data; and 2.) notify the owner that it is a third degree felony to knowingly and willingly falsify or conceal a material fact or make any false, fictitious, or fraudulent statement in any matter within the jurisdiction of the Florida Department of State. Therefore, the information must be corrected on our records by filing the enclosed form and paying the appropriate fee. This filing will prevent any further action by this office. We can change the Principal, Mailing, & officer/director addresses at no charge.

To change your RegisteredAgent and/or Registered Office, please complete and submit the enclosed form along with the application filing fee.

This business entity will be dissolved/revoked on or after August 21, 2018 unless an address change that complies with Florida Statues is sent to my attention at the address below.

Please reply to this letter and provide me with the correct address so that I may correct our records accordingly or contact me by phone at (850) 245-6900.

Sincerely, Kimberly S. Prather Division of Corporations

DO DOVICES WILLIAMS Florida 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	ORATION: PCORREA SERV	ICES CORP				
	4BER: P18000050192					
The enclosed Article	es of Amendment and fee are su	bmitted for filing.				
Please return all cor	respondence concerning this ma	tter to the following:				
	PETERSON D CORREA		,			
		Name of Contact Perso	nn			
	PCORREA SERVICES CORP					
•		Firm/ Company				
	273 NE 45TH CT					
		Address				
	POMPANO BEACH, FL 33	064				
		City/ State and Zip Coo	le			
PC	ORREA.VR@OUTLOOK.COM	.1				
	-	sed for future annual repor	t notification)			
		•				
For further informat	ion concerning this matter, pleas	se call:				
PETERSON D COI	RREA	954 at (826-7241)ode & Daytime Telephone Number			
Nam	e of Contact Person	Area Co	ode & Daytime Telephone Number			
Enclosed is a check	for the following amount made	payable to the Florida Dep	partment 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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amen Divisi	Address dment Section on of Corporations			
		Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

PCORREA SERVICES CORP

y filed with the Florida Dept. of State)	
f Corporation (if known)	
Florida Profit Corporation adopts the following amer	ndment(s)
The n," "company," or "incorporated" or the abbrevic Co" A professional corporation name must contain P.A."	ution
273 NE 45TH CT	
POMPANO BEACH, FL 33064	_
273 NE 45TH CT	
POMPANO BEACH, FL 33064	
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= <u> </u>	
eet address)	
Florida 33064	
(City) (Zip Code)	_
70 TO	The and a professional corporated or the abbrevia or A professional corporation name must contain P.A. The pompany of the abbrevia or A professional corporation name must contain P.A. The pompano BEACH, FL 33064 273 NE 45TH CT POMPANO BEACH, FL 33064 Pompano BEACH, FL

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	<u>PT</u>	John Doe	
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) X Change	P	PETERSON D CORREA	273 NE 45TH CT
Add			POMPANO BEACH, FL 33064
Remove			
2) Change		_	
Add			
Remove			=
3) Change			
Add			
Remove			
4) Change	<u>.</u>		<u> </u>
Add			****
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

. <u>If an</u> (Atta	nending or adding additional Articles, enter change(s) here: ch additional sheets, if necessary). (Be specific)
	E CORRECT ALL ADDRESSES (PHYSICAL, MAILING, REGISTERED AGENT, INCORPORATOR) TO:
73 NE	45TH CT, POMPANO BEACH, FL 33064
_	
pro	amendment provides for an exchange, reclassification, or cancellation of issued shares, visions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)

The date of each amendment(c)	07/03/2018	
date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :	5/04/2018	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements Department of State's records.	s, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were at by the shareholders was/were	dopted by the shareholders. The number of votes east for the amer sufficient for approval.	ndment(s)
☐ The amendment(s) was/were apmust be separately provided for	pproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	ζ statement t(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder by the incorporators without shareholder by the incorporators with the incorporators with the incorporators with the incorporator	
07/03/201	18	
Signature	Peterson Corres	
select	director, president or other officer – if directors or officers have need, by an incorporator – if in the hands of a receiver, trustee, or ot need fiduciary by that fiduciary)	ot been
	PETERSON D CORREA	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	
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