

J02247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

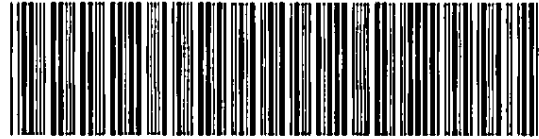
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07/29

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2022 NOV 21 PM 4:51

Amend

DEC 08 2022

D CUSHING

RECEIVED

Florida Department of State
Division of Corporations
AMENDMENT SECTION
The Centre of Tallahassee
2415 N. Monroe Street,
Suite 810
Tallahassee, FL 32303

2022 JUL 29 AM 7:54

SEC. OF STATE
TALLAHASSEE, FL

Re: PMA Sales Group, Inc.
Correction on Forms

It has come to my attention that both Gary Coates (deceased Broker on Record for PMA Sales Group, Inc. (BK 442567) as well as my name - Robin Coates should be removed from the original Amendment I sent, as I was acting as Gary's VP before he passed.

PMA Sales Group, Inc. would like the new Broker of Record to be Victoria Croysdale (BK 159867) and she has recently sent in the additional form RE-17 to the DBPR.

Please note that I sent a check with the previous Amendment of \$43.75

Sincerely,



Robin Coates
561 542 9770

2022 NOV 21 PM 4:51

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PMA Sales Group, Inc.
102247
DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Victoria Croysdale

_____	Name of Contact Person
PMA Sales Group, Inc.	
_____	Firm/ Company
1337 Estuary Trail	
_____	Address
Delray Beach, Florida 33483	
_____	City/ State and Zip Code
victoria@pmasalesgroup.com	
E-mail address: (to be used for future annual report notification)	

VICTORIA CROYSDALE@gmail.com

For further information concerning this matter, please call:

Robin Coates	561	542 9770
_____	at (_____)	_____
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 type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
|--|--|--|--|

PREVIOUSLY SENT

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

2022 NOV 21 PM 4:51



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2022

ROBIN COATES
1337 ESTUARY TRAIL
DELRAY BEACH, FL 33483

SUBJECT: PMA SALES GROUP, INC.
Ref. Number: J02247

We have received your document for PMA SALES GROUP, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The previous amendment submitted to our office did not remove you from the corporation. So you will either need to file a resignation of officer/director or file an amendment to remove you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 922A00024950

REC-10
2022 NOV 21 PM 1:53
FILE

PMA Sales Group, Inc.

J02247

Pursuant to the provisions of section 607.1006, Florida Statutes, this ***Florida Profit Corporation*** adopts the following amendment(s) to its Articles of Incorporation:

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."

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

☐ 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 (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>P</u>	<u>Gary Coates</u>	<u>1337 Estuary Trail, Delray Beach, FL 33483</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>VP</u>	<u>Robin Coates</u>	<u>1337 Estuary Trail, Delray Beach, FL 33483</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P/D</u>	<u>Victoria Croysdale</u>	<u>1337 Estuary Trail, Delray Beach, FL 33483</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible]

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)

07/22/2022

Dated _____

Signature

Victoria Croysdale

(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)

Victoria Croysdale

(Typed or printed name of person signing)

President/Director

(Title of person signing)