## N13000009582

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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

<b>5</b>		
	PIA CAT RES	CUE, INC.
DOCUMENT NUMBER: N1300000	9582	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Debra Lifton		
	(Name of Contact Person	n)
	(Firm/ Company)	
9873 NW 5th Court		
	(Address)	
Plantation, FL 33324		
	(City/ State and Zip Code	e)
JAZYCAT15@a	ol.com	
E-mail address: (to be u	sed for future annual report i	notification)
For further information concerning this matter, plea	ise call:	
Jay Fleisher	<sub>31</sub> ,561	627-7004
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Statu	& \$\square\$\$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	Amend Divisio Clifton 2661 E:	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

## Articles of Amendment to Articles of Incorporation of



	14 NOV 10 PM	
lorida Dept. of State)		
Corporation (if known)		
ates, this <i>Florida Not For Profit Co</i>	rporation adopts the i	follow
ation:		
		The n
ration" or "incorporated" or the ab	breviation "Corp." o	
N/A		
Σ)		
N/A	<b>A</b>	
ATT		
fice address in Florida, enter the n	name of the	
address:	<del></del>	
	<del>-</del> -	
(Florida street address)		
	da	
<i>i)</i>	(Zip Code)	
<mark>d Agent:</mark> amiliar with and accept the obligati	ions of the position.	
	_	
	Corporation (if known)  Ites, this Florida Not For Profit Condition:  Pation:  Pation or "incorporated" or the above N/A  N/A  N/A  S)  N/A  Fice address in Florida, enter the raddress:  (Florida street address) , Floridal Agent:	Corporation (if known)  Intes, this Florida Not For Profit Corporation adopts the station:  Interaction or "incorporated" or the abbreviation "Corp." of N/A  N/A  N/A  Signature (Florida street address)  (Florida street address)  (Florida street address)  (Zip Code)  d Agent: Amiliar with and accept the obligations of the position.

Page 1 of 4

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 X Remove X Add	<u>V</u> <u>Mik</u>	n Doe te Jones y Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	<u>D</u>	REGINA CARRONE	3430 Galt Ocean Mile Apt 103
X Add			Fort Lauderdale, FL 33308-704
Remove			
2) Change	D	Cynthia Nicole Rein	22757 SW 54 Way
X Add			Boca Raton, FL 33433-6251
Remove			
3) Change			
Add			
Remove			
4) Change	Table and the Control of the		
Add		•	
Remove			
5) Change			
Add			
Remove			An angle
O Chan			
6) Change			
Add Remove			
Kemore			

If amending or adding additional Art (attach additional sheets, if necessary).	(Be specific)
N/A	
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option:	, if other than the
	SECRETARY OF STATE DIVISION OF CORPORATIONS
	DIVISION OF CURPURATION
(no more than 90 days after amendment file date)	14 NOV 10 PM 2: 29
(CHECK ONE)	
lopted by the members and the number of votes cast for the and.	mendment(s)
pers entitled to vote on the amendment(s). The amendment(s) ors.	was/were
er 30, 2014	
a Lefton	
n selected, by an incorporator - if in the hands of a receiver,	
,,	
(Typed or printed name of person signing)	<del>-</del>
	_
(Title of person signing)	
	(CHECK ONE)  lopted by the members and the number of votes cast for the and all.  bers entitled to vote on the amendment(s). The amendment(s) are.  er 30, 2014  A A A A A A A A A A A A A A A A A A A