## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Email Address:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062

Phone

: (323)962-8600

: (323)962-3889 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

## COR AMND/RESTATE/CORRECT OR O/D RESIGN PERCEPTION BUILDERS GROUP INC.

Certificate of Status	0
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Corporate Filing Menu

Help

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PERCEP	TION BUILD	ERS GROUP INC.	
DOCUMENT NUMBER: N1400003	3910		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	ter to the following:		
Ime	lda Vasquez		
	(Name of Contact Perso	on)	
Legalz	zoom.com, Inc.		
	(Firm/ Company)		
100 W. Br	roadway Sulte 100		
	(Address)		
Glend	ale, CA 91210		
	(City/ State and Zip Co	de)	
perceptiontoday@gmail.com	)		
E-mail address: (to be use	d for future annual report	notification)	
For further information concerning this matter, please	call:		
imelda Vasquez	323'	962-8600	
(Name of Contact Person)		Code & Daytime Telephone Number)	
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 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 Clifto 2661	Address dment Section on of Corporations n Building Executive Center Circle lassee, FL 32301	

SUPERIARY OF STATE HVISION OF CORPORATIONS

Articles of Amendment to

14 OCT 16 PM 2: 03

Articles of Incorporation of

PERCEPTION BUILDERS	GROUP INC.		
(Name of Corporation as currently file	d with the Florida Dept.	of State)	
N14000003910			
(Document	Number of Corporation (	if known)	
Pursuant to the provisions of section 617.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Flor	ida Not For Profit Corporation as	dopts the following
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain the w "Company" or "Co." may not be used in the n		corporated" or the appreviation	"Corp." or "Inc."
B. Enter new principal office address, if app	licable.		
(Principal office address MUST BE A STREE			
			<del></del>
			<del>,</del>
C. Enter new mailing address, if applicable			
(Mailing address <u>MAY BE A POST OFFI</u>	<u></u>		
			<del></del>
	<del> </del>		
D. If amending the registered agent and/or r		m Florida, enter the name of the	<u> </u>
new registered agent and/or the new regis	stered office address:		
Name of New Registered Agent:		<del> </del>	
		<del></del>	
New Registered Office Address:	(Florida stree	( address)	
		, Florida	
	(City)		Zip Code)
New Registered Agent's Signature, if changing	ng Registered Agent:		
I hereby accept the appointment as registered a		and accept the obligations of the p	osition.
Sign	nature of New Registered .	Agent, if changing	

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 Şmith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	PD	Chris Fischer	9 PADDOCK CIRCLE
Add			TEQUESTA, FL 33469
Remove			
2) X Change	SD	Joe Silberman	9 PADDOCK CIRCLE
Add			TEQUESTA, FL 33469
Remove			
3 ) Change			
Add			
Remove			<del></del>
4) Change			
Add Remove			
KUNOVE			
5) Change			
Add			
6) Change	<del></del>	-2-704	
Add			
Remove			

If amending or ad (attach additional s	ding additional Articles, enter change(s) her heets, if necessary). (Be specific)	e:
·	· · · · · · · · · · · · · · · · · · ·	<del> </del>
· · · · · · · · · · · · · · · · · · ·		
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	<del></del>	<del>, , , , , , , , , , , , , , , , , , , </del>
<u></u>	**************************************	
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SLUBETARY OF STATE SHORTARY OF STATE SHORTAROPROS

	date of each amendment(s) adoption this document was signed.	on;	14-0CT L6	PM 2: 03	if other than the
Eff	ctive date <u>if applicable</u> :				
		(no more than 90 days	s after amendment fi	le date)	
Ado	option of Amendment(s)	(CHECK ONE)			
	The amendment(s) was/were adopte was/were sufficient for approval.	d by the members and th	he number of votes o	ast for the amendment(s)	
	There are no members or members of adopted by the board of directors.	entitled to vote on the an	mendment(s). The ar	nendment(s) was/were	
	Dated 10/10	3/92014			
	Signature	<del></del>			<u></u>
		or vice chairman of the			. <u> </u>
		lected, by an incorporate inted fiduciary by that fi		f a receiver, trustee, or	
	Chris Fischer	<u>r</u>			
	(Туг	ped or printed name of p	erson signing)	···	
	President				
	· · · · · · · · · · · · · · · · · · ·	(Title of person si	igning)		