N1700000138

| (Requestor's Name) |
|---|
| |
| (Address) |
| (121,223) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Catifical Canina Catificator of Status |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| , , |
| |
| |
| |
| |
| |
| |
| <u> </u> |





800296402348

08/18/17--01017--024 **85.00





COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| NAME OF CORPORATION: <u>Promase</u> | o Incorpo | orated |
|--|---|--|
| DOCUMENT NUMBER: NITO | • | |
| The enclosed Articles of Amendment and fee are subm | | |
| Please return all correspondence concerning this matter | to the following: | |
| Anthony Biging | Name of Contact Person | 1) |
| Gaberilli Ir | Corporate (Pirnt Company) | d |
| 3842 W. No | | |
| Pensacola, | F 1 3250 City/ State and Zip Code | 2 1 |
| Kongmun e E-mail address: (to be used | | |
| For further information concerning this matter, please c | rall: | |
| Anthony Eignall (Name of Contact Person) | atat(At | 850 · 266 · 0806 rea Code) (Daytime Telephone Number) |
| Enclosed is a check for the following amount made pay | | |
| ☐ \$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 | | Address |
| Division of Corporations | Amendment Section Division of Corporations | |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



March 15, 2017

ANTHONY BIGMALL 3842 W NAVY BLVD. PENSACOLA, FL 32507

SUBJECT: PROMASCO INCORPORATED

Ref. Number: N1700000188

We have received your document for PROMASCO INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for nonprofit corporations are filed in compliance with section 617.1006, Florida Statutes. Please see the attached information.

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.

Letter Number: 117A00005002

Carol Mustain Regulatory Specialist II

www.sunbiz.org

Division of the property of th

Articles of Amendment to Articles of Incorporation

| Arti | icles of Incorporation of | |
|--|--|------------------------------|
| Promaseo] | Incorporated | |
| | rrently filed with the Florida Dept. of State) | |
| <u>N1700000</u> | | |
| (Document int | umber of Corporation (if known) | |
| Pursuant to the provisions of section 617.1006, Florida Stramendment(s) to its Articles of Incorporation. | atutes, this Florida Not For Profit Corporation adop | nts the following |
| A. If amending name, enter the new name of the corpo | uration: | |
| NIA | | The new |
| name must be distinguishable and contain the word "corp "Company" or "Co." may not be used in the name. | voration" or "incorporated" or the abbreviation "Co | orp." or "Inc." |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRE</u> | 3820 W. Bobe 91 | |
| Second Designation of the Control of | Pensacola, Florida | 1 |
| | 38508 | |
| | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| · . | | (%) (A) (A) (A) (A) |
| | | |
| D. If amending the registered agent and/or registered of new registered agent and/or the new registered officers. | | |
| Name of New Registered Agent: | | |
| | (Florida street oddress) | |
| New Registered Office Address | | |
| | , Florida | |
| | (City) (Zip Coa | le) |
| New Registered Agent's Signature, if changing Register | red Agent: | |
| thereby accept the appointment as registered agent. I are | n familiar with and accept the obligations of the posi | ition |
| | Signature of New Registered Agent, if changing | |
| | C | |

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:

 $P \neq President; V \neq Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an afficer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

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>Mil</u> | n <u>Doc</u> ke Jones ty Smith | |
|----------------------------------|---------------------|--------------------------------------|---|
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | VP | Antonio Fields | 3842 W. Navy Blvd Pensacola, Florida |
| Add | | · | Pensacola, Florida |
| X_ Remove | | | 38504 |
| 2) Change | | | |
| Add | | | |
| Remove | | | <u> </u> |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| THIS 50108 Organization is For the purpose of Helping |
|---|
| The Poor Thru our Feed the Street Program, Empowering |
| The Youth by Donating books, Book bage back to school |
| items giving each child that we can reach a Fair |
| Shot at Education, No MEMBER OR ANY ONE OF the |
| organization will recieve any Pay any bonus or any |
| Funds From the organization all funds rawed, donated or |
| given to the Organization Shall be placed back into The |
| Organization to continue the Mission of the Organization, |
| |
| • |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

| The date of each amendment(s) ad late this document was signed. | loption: <u>March</u> 37, 2017 . if oth | er than the |
|---|--|-------------|
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this blo locument's effective date on the Dep | ck does not meet the applicable statutory filing requirements, this date will not be listed partment of State's records. | as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ad was/were sufficient for approva | lopted by the members and the number of votes east for the amendment(s) | |
| There are no members or membadopted by the board of directors | pers entitled to vote on the amendment(s). The amendment(s) was/were ors. | |
| | 3/27/2017 | |
| Signature Anth | rony Beginser | |
| (By the chair have not bec | man of vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary) | |
| | ANTHONY BIGMALL | |
| | (Typed or printed name of person signing) | |
| | RESIDENT MEMBER OF BOARD | |
| | (Title of person signing) | |