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2019 SEP 30 PH 12: 48

C Kinsey

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	PIECES OF EIGHT	, IOMC, INC		
	N18000002098			
DOCUMENT NUMBER:				***************************************
The enclosed Articles of Am	nendment and fee are subm	nitted for filing.		
Please return all corresponde	ence concerning this matte	r to the following:		
JOSEPH CATON				
		(Name of Contact P	erson)	
PIECES OF EIGHT, IOM	C, INC			
		(Firm/ Compan	y)	
3019 CLINTON ST S				
		(Address)	-	
GULFPORT, FL 33707				
		(City/ State and Zip	Code)	
JOSEPH.A.CATON1@GI	MAIL.COM			
E	-mail address: (to be used	for future annual rep	ort notification)
For further information conc	erning this matter, please	call:		
JOSEPH CATON		a t	904	616-7267
	(Name of Contact Person)	at)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check for the f	ollowing amount made pag	yable to the Florida I	Department of S	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee Certified Copy (Additional copy i enclosed)	Certif is Certif	cate of Status ied Copy iional Copy is
<u>Mailing A</u>	ddress	<u>St</u>	reet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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(Name of Corporation	as current	y filed with the Florida	Dept. of State)		
N18000002098					
(Docur	ment Numbe	r of Corporation (if know	n)		
Pursuant to the provisions of section 617.1006, Floamendment(s) to its Articles of Incorporation:	orida Statutes	, this <i>Florida Not For Pr</i>	ofit Corporation add	pts the fo	llowing
A. If amending name, enter the new name of the	e corporatio	on:			
N/A				7	he new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the nam		on" or "incorporated" or	r the abbreviation "(
B. Enter new principal office address, if applica	3019 CLINTON ST S	ON ST S			
(Principal office address MUST BE A STREET A					-
		GULFPORT, FL 33707			~
C. Enter new mailing address, if applicable:	•			1 2.5	3S 61 g
(Mailing address <u>MAY BE A POST OFFICE BO</u>		.		- <u>-</u>: -	_==_
					30
). If amending the registered agent and/or regi			er the name of the	:	PM 12: 48
new registered agent and/or the new register					ထ
Name of New Registered Agent:	JOSEPH (CANTON			
	3019 CLIN	NTON ST S			
	(Florida street address)				
New Registered Office Address:					
	GULPOR	Г 	, Flo r ida _	33707 ————	
		(City)	(Zip Co	rde)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ager			ablications of the no	sition	
and a second of the second of			e and a second second		
_		11)		
	Sig	nature of New Registered	l 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, an 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	\underline{V} \underline{M}	hn Doe ike Jones Ily Smith	i
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Р	RYAN HANAGAN	3665 EAST BAY DR
Add			STE 204
X Remove			LARGO, FL 33771
2) Change	P	STEPHEN RODAS	4121 40TH AVE N
X Add Remove			ST PETERSBURG, FL 33714
3) Change	ВМ	DAVID CARDWELL	7923 KELPIE DR
Add			
X Remove			PORT RICHEY, FL 34668
4) Change	BM 	JOSEPH CATON	3019 CLINTON ST S
X Add			
Remove			GULFPORT, FL 33707
5) Change		N/A	
Add			
Remove			
6) Change		N/A	
Add			
Remove			

 If amending or adding additional Art (attach additional sheets, if necessary). 	(Be specific)
	
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			09/01/2019	
	date of each ame	_	ption:	, if other than the
date	this document was	_		
		09/01/	2019	
Effe	ective date <u>if appli</u>	cable:	(no more than 90 days after amendment file date)	
			(no more than 90 days after amenament file date)	
			does not meet the applicable statutory filing requirements, this date will not riment of State's records.	be listed as the
Add	ption of Amendm	ent(s)	(<u>CHECK ONE</u>)	
	The amendment(s was/were sufficient	•	pted by the members and the number of votes east for the amendment(s)	
	There are no men adopted by the be		rs entitled to vote on the amendment(s). The amendment(s) was/were	
	Dated	09/17/2019		
	Signature	:	and .	
			an or vice chairman of the board, president or other officer-if directors	
			selected, by an incorporator - if in the hands of a receiver, trustee, or	j
		other court ap	pointed fiduciary by that fiduciary)	
		STEPHEN	RODAS	·
			(Typed or printed name of person signing)	
		PRESIDE	NT	
			(Title of person signing)	