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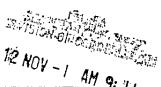
AMINA 111/5/12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

·		
NAME OF CORPORATION: Brainns PA		
DOCUMENT NUMBER: 26 0644476	P070	000090100
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
Julie Hutchins-Wi	Ison	
	Name of Contact Person	n
Brainns PA		
	Firm/ Company	
1504 SW 5th Stre	eet	·
	Address	
Ft Lauderdale FL	33312	
	City/ State and Zip Cod	e
Juliewilson4@aol.com	m	
	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
Julie Hutchins-Wilson	at (954	, 522.5262
Name of Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment 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	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle
,		assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



Brainns PA			<u>- AM 9: //4</u>
(Name of Corporation as	currently filed with the Fl	orida Dept. of State	J- 31 <b>G</b>
26-0644476	40	1000090100	
(Documen	t Number of Corporation (if	known)	<del></del>
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this F	Florida Profit Corporation adopts the follo	wing amendment(s) t
A. If amending name, enter the new na	me of the corporation:		
Not Applicable (NA)			The new
	ation "Corp," "Inc," or "C	n," "company," or "incorporated" or th Co". A professional corporation name m P.A."	e abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )		1504 SW 5th Street	
		Fort Lauderdale, FL 333	12
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1504 SW 5th Street	<del></del>
		Fort Lauderdale, FL 333	12
D. If amending the registered agent an			
new registered agent and/or the new registered office address:  Name of New Registered Agent  Same			
Name of New Registerea Agent	1504 SW 5th Str	reet	
	(Florida stre	et address)	
New Registered Office Address:	Fort Lauderdale	, Florida 33312	
	(City)	(Zip Code,	)
New Registered Agent's Signature, if cl I hereby accept the appointment as registe		ith and accept the obligations of the positi	on.
AM			
Sig	gnature of New Registered A	gent, if changing	

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 <math>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.

<u>X</u> Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	·
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) X Change	Same	Same	1504 SW 5th Street
Add			Fort Lauderdale, FL 33312
Remove			
2) Change	<b>.</b>	·	······································
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
O Channe			
6) Change	<del></del>		
Add			
Remove			

. <u>If amendin</u>	ng or adding additional A	rticles, enter change(s) here:		
(Attach additional sheets, if necessary). (Be specific)  Address Change Only				
	<u></u>			
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provision (if no	adment provides for an ex s for implementing the an t applicable, indicate N/A)	schange, reclassification, or cancellation of issued shares, mendment if not contained in the amendment itself:		
1A				
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·— - · · · · · · · · · · · · · · · · · ·	·			

The date of each amendment(s) adoption: October 31, 2012 November 01, 2012 Effective date if applicable: (no more than 90 days after amendment file date) Adoption of Amendment(s) (CHECK ONE) ■ 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 The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated October 31, 2012 Signature (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) Julie Hutchins-Wilson (Typed or printed name of person signing) (Title of person signing)