P07000101903

		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	tdress)	
(Cir	ty/State/Zip/Phone	<u>, #)</u>
(0)	tyrotaterzipii none	,
PICK-UP	☐ WAIT	MAIL
	hamad *******	
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
·		
	· · · · · · · · · · · · · · · · · · ·	

Office Use Only



200166328022

01/21/10--01019--024 **52.50

SECRETARY OF STATE FALLAHASSEE, FLORID,

MC 7

FEB - 4 2010

COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: PUSHINE EN PONSUS, Inc.
DOCUMENT NUMBER: P57600101705
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karlie Riehl
Name of Contact Person
Firm/ Company
6810 Guff Purt BVV.
St. Petersburg PL 33707 City/ State and Lip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Karlf Rich I ov Caro Bothwell Name of Contact Person at (77) 345 9500 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee &\bigcup \Certificate of Status \$\bigcup \\$43.75 Filing Fee &\bigcup \Certificate Opy (Additional Copy is enclosed) \$\bigcup \\$52.50 Filing Fee &\bigcup \Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



January 25, 2010

KARLIE RIEHL PRESTINE ENTERPRISES, INC. 6810 GULFPORT BLVD ST PETERSBURG, FL 33707

SUBJECT: PRESTINE ENTERPRISES, INC.

Ref. Number: P07000101903

We have received your document for PRESTINE ENTERPRISES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 210A00001982

Teresa Brown Regulatory Specialist II

	Articles of Amendment	
6. •	to Articles of Incorporation	Of State) ALLONGIAN AN 8.52
	•	<i>♠</i> .
· · · · · · · · · · · · · · · · · · ·	of	2010 11
Prestine	LN-Provice.	M. S. S. S.
(Name of Corporation as curr	ently filed with the Florida Dept.	of State)
		ARSAR AY
	101903	
(Document Nur	mber of Corporation (if known)	2017
Pursuant to the provisions of section 607.100	6 Florida Statutes this <i>Florida</i> I	Profit Corneration adopts the following
mendment(s) to its Articles of Incorporation:	o, i iona salato, and i iorea i	A /
•		We -
A. If amending name, enter the new name of	of the corporation:	CONTROL OF THE PARTY OF THE PAR
Pristing Marin	no Interprises Inc	The naw
name must be distinguishable and contain	the word "corporation." "comp	pany," or "incorporated" or the
bbreviation "Corp.," "Inc.," or Co.," or the	e designation "Ĉorp," "Inc," or "	'Co". A professional corporation
name must contain the word "chartered," "pro	ofessional association," or the abb	previation "P.A."
Pater and advantage of the second second second	.VLl	
B. Enter new principal office address, if app Principal office address <u>MUST BE A STRE</u> I		
Timesput Office dual ess MONT DE A STAGE	THOULES)	
C. Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFF)		

). If amending the registered agent and/or	registered office address in Floric	de enter the name of the
new registered agent and/or the new regi		ia, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
<u>ivew Registered Office Address:</u> (Florida street address)		•
	ر مسرور ما	, Florida (Zip Code)
	(City)	(Zip Code)
Jon Dogistanad Agant's Signature if share		
lew Registered Agent's Signature, if changi herehy accept the appointment as registered to		ent the obligations of the position
end applying appointment of reflacted	ago x am jamman a min ana acce	granic oraginous of the position.

Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary) Title Name · Address Type of Action ☐ Add ☐ Remove __ 🗆 Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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:

The date of each amendment(s) ac	
	(date of adoption is required)
Effective date if applicable:	more than 90 days after amendment file date)
, ino	more than 90 days after amenament file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	For the amendment(s) was/were sufficient for approval
by	"
(voti	ng group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	13/10
selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing) President owner (Title of person signing)