

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

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From:

: F & S PROJECTS CORP Account Name

Account Number : I20120000041 Phone

: (954)482-9681

(954) 482-8696

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 PSE TECHNOLOGY CORPORATION

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Certificate of Status	0
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3/18/2015

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PSE TECHNOLOGY CORPORATION				
DOCUMENT NUM	BER: P080000857	793		
The enclosed Articles	s of Amendment and fee are so	ubmitted for filing.		
Please return all corre	espondence concerning this ma	atter to the following:		
	RAFAEL FERRE	R		
	Name of Contact Person			
	F&S PROJECTS CORP			
		Firm/ Company		
	1920 N COMME	RCE PARKWAY	′, STE. 1920-3	
		Address		
	WESTON, FL. 33	3326		
		City/ State and Zip Cod	8	
CC	NTACT@FANDS	PROJECTS.CC	M	
		sed for future annual report		
		•		
For further information	on concerning this matter, plea	se call:		
RAFAEL FERRER			400 0604	
	ERRER	_{at (} 954) 402-900 I	
Name	ERRER of Contact Person	at (954 Area Co	do & Daytime Telephone Number	
,		Area Co	de & Daytime Telephone Number	
,	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for \$35 Filing Fee	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status	Area Copayable to the Florida Depair \$\int \frac{1}{3} \text{43.75 Filing Fee & Certified Copy (Additional copy is enclosed)}	de & Daytime Telephone Number intment of State: \$\sum_\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address	
Enclosed is a check for \$35 Filing Fee Ma	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status illing Address endment Section	Area Co payable to the Florida Depa LIS43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend	do & Daytime Telephone Number artment of State: \$\sum_\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address ment Section	
Enclosed is a check for \$35 Filing Fee Ma Ann Div	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status illing Address endment Section ision of Corporations	Area Co payable to the Florida Depa LIS43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend Divisio	do & Daytime Telephone Number intment of State: \$\int \frac{1}{5}\frac{5}{2}\cdot 50\text{ Filing Fee} \text{Certificate of Status} \text{Certified Copy} \text{(Additional Copy} \text{is enclosed)} \$\frac{Address}{ment Section} \text{ment Section} \text{no of Corporations}	
Enclosed is a check for \$35 Filing Fee Ma Ann Div P.O	of Contact Person or the following amount made \$43.75 Filing Fee & Certificate of Status illing Address endment Section	Area Co payable to the Florida Depa LIS43.75 Filing Fee & Certified Copy (Additional copy is enclosed) Street Amend Divisio Clifton	do & Daytime Telephone Number artment of State: \$\sum_\$\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) Address ment Section	

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Articles of Amendment to Articles of Incorporation

PSE TECHNOLOGY CORPOR	RATION			<u></u>	
(Name of Corporation as currently)	filed with the Florids D	ent. of State)			
P08000085793				_	
(Document Number o	of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	da Statutes, this <i>Florida I</i>	Profit Corporation add	opts the following	ng antendment(s)	lo
A. If amending name, enter the new name of the c	orporation:				
				_The new	
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corpword "chartered." "professional association," or the	p." "Inc," or "Co". A	pany," or "incorpor professional corporal	ated" or the a ion name must	ibbreviation contain the	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD)				- -	
				_	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO	<i></i>			_	
D. If amending the registered agent and/or register	ered office address in Fl	orida, enter the name	of the		
new registered agent and/or the new registered				AL 25	
Name of New Registered Agent				MAR CRETA	م قر ۱ س
	(Florida street addres			IRY C	
New Registered Office Address:		, Florida		PH CF	Q -5
	(Cily)		(Zip Code)	3: 10 STATE LORIDA	
New Registered Agent's Signature, if changing Rej I hereby accept the appointment as registered agent.		ccept the obligations	of the position.		

Signature of New Registered Agent, if changing

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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	PT J	phn Doe	
X Remove	<u>v</u> <u>v</u>	<u>like Jones</u>	
_X Add	sy s	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addreş</u> s
I) Change	PST	MARTINEZ, CESAR	1920 N COMMERCE PAR
Add			SUITE 1920-3
Remove			WESTON, FL. 33326
2) Change	PST	CEDENO, RUBEN	1920 N COMMERCE PAR
Add			SUITE 1920-3
Remove			WESTON, FL. 33326
3) Change	**		
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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<u>f amending or adding additional Artic</u> Attach <i>additional sheets, if necessary).</i>	(Be specific)
	The state of the s
	<u> </u>
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provisions for implementing the amen	ange, reclassification, or cancellation of issued shares, adment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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The date of each amendment(s) add	option:	if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopt by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) inclent for approval.	
	oved by the shareholders through voting groups. The following stalement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast to	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
·	(voting group)	
The amendment(s) was/were adopt action was not required.	red by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated 03/1	7/15	
Signature	Of the -	
Signature(By a dire	ctor, president or officer - if directors or officers have not been	
selected, l	by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed	fiduciary by that fiduciary)	
	CESAR MARTINEZ	<u></u>
	(Typed or printed name of person signing)	
	PST	
_	(Title of person signing)	