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Amend

APR 28 2017
I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Pappas Inc
DOCUMENT NUMBER:
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Hannah Boyd
Business Control Service, Inc Firm/Company 3925 S. Nova Road
3925 S. Nova Road
Port Orange, F2 32127 City/ State and Zip Code
bcs@businesscontrolservice. Net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Hannah Boyd at (386), 760-5454 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
Sas Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Pappas Inc						
(Name of Corporation	as currently file	d with the Florida	Dept. of State)		
P080000 86 00	21					
(Document	t Number of Corp	poration (if known)		- Name -		
Pursuant to the provisions of section 607.1006, Florida St its Articles of Incorporation:	tatutes, this <i>Flori</i> d	da Profit Corporati	on adopts the f	ollowing a	amendm	ent(s)
A. If amending name, enter the new name of the corpo	oration:					
				7	The nev	W.
name must be distinguishable and contain the word ' "Corp.," "Inc.," or Co.," or the designation "Corp," word "chartered," "professional association," or the abl	"Inc," or "Co".	A professional co	corporated" of rporation nam	r the abb	reviatio	n
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRE</u>	ESS)	7 - 7 - 18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				TALLAHA SEE	2017 NPR 24	有一
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in	n Florida, enter the	name of the	FLORE	7 10: O	•
Name of New Registered Agent					*****	
			•			
	(Florida street ad	dress)				
New Registered Office Address:			, Florida_			
	(City)	-		(Zip Coe	de)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		nd accept the oblige	ations of the po	sition.		
Signatu	re of New Registe	ered Agent if chang	ino			

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 John Doc	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> Name	Address
1) Change	D Effic Pappas Politis	PO Box 1946
Add	•	New Smyra Beach, FL
Remove		32170
2) Change Add	D Christina Pappas Ma	Hew Smyrna Beach, FL
Remove		32170
3) Change	D Tina Fotene Pappas Ro	oth PO Box 1946
Add		New Smyra Beach, FC
Remove		32170
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		and the control of th
Remove		

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
11-70-34	
78	
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: April 215+, 2017, if other than the date this document was signed.
Effective date <u>if applicable</u> :
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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
by" (voting group)
(voting group)
☐ 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 April 21St, 2017
Signature (M) Parson
(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)
Chris Pappas (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)