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Amind manuchs for, 5.1.15

COVER LETTER

Division of Corporations				
NAME OF CORPORATION: Palm Injectors, INC. DOCUMENT NUMBER: PO 9000048263				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Michael A Sloan Name of Contact Person Palm Injectors Firm/ Company				
Name of Contact Person				
Palm Injectors				
Firm/ Company				
1916 SE 1st Terrace Address Cape Coral Fl., 33990 City/ State and Zip Code PalmInjectors @ AOI. Com E-mail address: (to be used for future annual report notification)				
Address				
Cape Coral Fl. 33990				
City/ State and Zip Code				
PalmTniectors @ AOI. Com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Michael Sloan at 239, 560-7835				
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:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation



0	if Appendix	haran	1 2215
Palm Injectors INC.		1) VM	1,000
		te)	
P09000048263	and the second s		→ 7×23 × 24
(Document Number of Corporation		. 10	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corpo	oration adopts the	following amendment(s) to
A. If amending name, enter the new name of the corporation:			
Palm Injectors 11	VC		The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "Co". A professiona "P.A."	al corporation nam	or the abbreviation ne must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1916 SE Cape Co	Ist Ter	<u>race</u> 33990
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1916 5. Cape C	E 1st Te oral Fl	
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	<u>ss:</u>	r the name of the	
Name of New Registered Agent 5/0an M	7ichael #	4	
	treet address)		
New Registered Office Address: Cape Co (City		, Florida 330 (Zip C	790 Sept Transport
New Registered Agent's Signature, if changing Registered Agen	* •		osition. 22
I hereby accept the appointment as registered agent. I am familiar		bligations of the po	osition. 😕 🏥
Michael a Slo	tm		5 *
Signature of New Registered	Agent, if changing	·	

Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	l in the following wes the corporati	ion, Sally Smith is named the V and S. These	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	PT John I	<u>Doe</u>	and the second second
X Remove	V Mike	<u>Jones</u>	
X Add	SV Sally S		
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	$\frac{\rho}{}$	Coleman, Kenneth M	2125 SE 2nd St.
Add			Cape Coral Fl 33990
Remove	_		·
2) Change	P	Slan, Michael A	1916 SE 1st Terrace Cape Coral Fl 33990
Add			Cape Will 1 (33991)
Remove 3) Change	S/T	Slow Debbie	1916 SE 1ST Tennace
X_Add	· 	Stoller Desore	Cape COPAL E 33990
Remove			V
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

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

address of each Officer and/or Director being added:

Please note the officer/director title by the first letter of the office title:

(Attach additional sheets, if necessary)

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	_
	
	
	
	_ _
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)	
NA	 ,
	_ appropriate with the

data this decomment own sixual	, if other than the
Effective date if applicable: MAY 20 5	_
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	
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 20, 2015	
Signature W. Classical W. Class	_
(Typed or printed name of person signing)	-
President (Title of person signing)	-