P09000095744

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TALLAHASSEE, FLORING

m for

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	PMA GLOBAL, INC.		
OCUMENT NUMBER: P09000095744			
The enclosed Articles of Amendment a	nd fee are submitted for filing.		
Please return all correspondence concer	ning this matter to the following:		
	PHILIP PARISI		
	Name of Contact Person		
	PMA GLOBAL, INC		
	Firm/ Company		
2	101 VISTA PARKWAY #30248		
	Address		
	VEST PALM BEACH, FL, 33411		
	City/ State and Zip Code		
E-mail address: (ARISIMG@HOTMAIL.COM to be used for future annual report notification)		
For further information concerning this	matter, please call:		
PHILIP PARISI Name of Contact Person	at (561) 699-6030 Area Code & Daytime Telephone Number		
	mount made payable to the Florida Department of State:		
_			
✓ S35 Filing Fee ☐ S43.75 Filing Fee Certificate of State	* & S52.50 Filing Fee tus Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section	Street Address Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

Articles of Amendment to **Articles of Incorporation**

PMA GLOBAL, INC

(Name of Corporation as currently filed with the Florida Dept. of State)
P09000095744

(Document Number of Corporation (if known)

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(Principal office address MUST BE A STREET ADDRESS) SUITE 201-181 BOYNTON BEACH, FL, 33426	W/IF	The r
(Principal office address MUST BE A STREET ADDRESS) SUITE 201-181 BOYNTON BEACH, FL, 33426 R C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SUITE 201-181 BOYNTON BEACH, FL, 33426 SUITE 201-181 BOYNTON BEACH, FL, 33426 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florido Street address) New Registered Agent's Signature, if changing Registered Agent:	abbreviation "Corp.," "Inc.," or Co.," or the designation	on "Corp," "Inc," or "Co". A professional corporat
BOYNTON BEACH, FL, 33426 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SUITE 201-181 BOYNTON BEACH, FL, 33426 SUITE 201-181 BOYNTON BEACH, FL, 33426 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Floridg street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	B. Enter new principal office address, if applicable:	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) SUITE 201-181 BOYNTON BEACH, FL, 33426 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida Street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	(Fruncipus office address <u>MOST BL A STREET AINDRE</u> .	
Mailing address MAY BE A POST OFFICE BOX) SUITE 201-181 BOYNTON BEACH, FL, 3342632338 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:		BOYNTON BEACH, FL, 33426
BOYNTON BEACH, FL, 33426 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1035 GATEWAY BLVD.
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:		
Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) New Registered Agent's Signature, if changing Registered Agent:		BOYNTON BEACH, FL, 334265 Ω
New Registered Agent's Signature, if changing Registered Agent: Name of New Registered Agent: (Floridg Street address) , Florida (City) (Zip Code)	D. If amending the registered agent and/or registered (office address in Florida, enter the name of the
New Registered Office Address: (Floridg Street address) , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
, Florida, Florida, City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
, Florida, Florida, City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new registered offic	
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new registered offic	
(City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new registered office Name of New Registered Agent:	ce address:
New Registered Agent's Signature, if changing Registered Agent:	new registered agent and/or the new registered office Name of New Registered Agent:	(Florida street address)
	Name of New Registered Agent: New Registered Office Address:	(Florido street address) , Florida
	Name of New Registered Agent: New Registered Office Address:	(Florido street address) , Florida (Zip Code)
	Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if changing Register	(Florido street address) , Florida City) (Zip Code)

Page 1 of 3

<u>If amendi</u>	ng the Officers and/or Direc	tors, enter the title and name of eac	h officer/director being
removed a	and title, name, and address	of each Officer and/or Director being	ng added:
(Auacn aa	ditional sheets, if necessary)	,	
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
		/ 	Remove
			□ Add
			☐ Remove
		/	
			☐ Add
			☐ Remove
		articles, enter change(s) here:	
(attach i	additional sheets, if necessary). (Be specific)	
 			
F. <u>If an a</u>	mendment provides for an	exchange, reclassification, or cancel	lation of issued shares,
<u>provis</u>	<u>ions for implementing the a</u> not applicable, indicate N/A)	mendment if not contained in the ar	nendment itself:
W	not applicable, maicule (VA)		
			<u> </u>
		<u>/</u>	
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoptio	m: 3/29/10
	(date of adoption is required)
Effective date if applicable:	3/29/10
(no more i	than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted to by the shareholders was/were sufficient	by the shareholders. The number of votes cast for the amendment(s) at for approval.
	by the shareholders through voting groups. The following statement 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 gro	oup)
The amendment(s) was/were adopted laction was not required.	by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted to action was not required.	by the incorporators without shareholder action and shareholder
Dated3/29/	2010
Signature	With
	president or other officer - if directors or officers have not been
•	incorporator - if in the hands of a receiver, trustee, or other court
appointed fiduo	ciary by that fiduciary)
	DI III ID DADICI
	PHILIP PARISI
	(Typed or printed name of person signing)
	PRESIDENT
	Fitle of person signing)