

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

2nd Request

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(((H12000114706 3)))



H120001147063ABCW

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC.
Account Number : I20060000012
Phone : (305) 826-5886
Fax Number : (305) 722-0535

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
P C H GROUP CORP**

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Electronic Filing Menu

Corporate Filing Menu

Help



April 27, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

P C H GROUP CORP
2735 NW 7 STREET
MIAMI, FL 33125

SUBJECT: P C H GROUP CORP
REF: P10000031328

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

No signature page attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Sylvia Gilbert
Regulatory Specialist II

FAX Aud. #: E12000114706
Letter Number: 212A00012868

RECEIVED

12 APR 27 AM 8:07

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

P C H GROUP CORP

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

P10000031328

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

MURILLO, JOSE

2735 NW 7 STREET

(Florida street address)

New Registered Office Address:

MIAMI

(City)

Florida 33125

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

[illegible][illegible]

The date of each amendment(s) adoption: 04/20/2012

Effective date if applicable: 04/20/2012
(no more than 90 days after amendment file date)

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

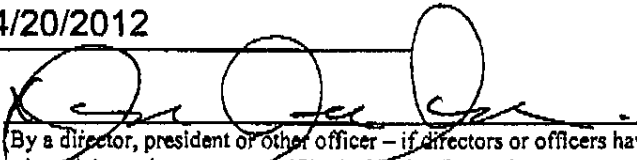
by _____"
(voting group)

☒ 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 04/20/2012

Signature


(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)

JOSE MURILLO

(Typed or printed name of person signing)

PDT

(Title of person signing)