Page 1 of 1

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000155824 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

. Fax Number : (850) 617-6380

From:

Account Name : TRANSAMERICA ACCOUNTING & SERVICES INC

Account Number: I20090000046

: (239)274-8290

Phone Fax Number

: (239)415-7373

\*\*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 P.O.N SERVICES, INC.

Certificate of Status	0
Certified Copy	. 0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu-

Help

## Articles of Amendment to Articles of Incorporation of

P.O.N SERVICES, INC.	•		
(Name of Corporation as currently filed with the F	orida Dept. of	State)	•
P10000047043			
(Document Number of Corporation (it	f known)	,	٠,
ursuant to the provisions of section 607.1006, Florida Statutes, the mendment(s) to its Articles of Incorporation:	is <i>Florida Pro</i>	fit Corporation	adopts the follow
. If amending name, enter the new name of the corporation:	•		
P.O.N. SERVICES, INC.		1	The new
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp,"	"Inc," or "Co	". A profession	orated" or the nal corporation
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," ame must contain the word "chartered," "professional association,  Enter new principal office address, if applicable:	"Inc," or "Co	". A profession	orated" or the nal corporation
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," ame must contain the word "chartered," "professional association,  Enter new principal office address, if applicable:	"Inc," or "Co	". A profession	orated" or the nal corporation
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," ame must contain the word "chartered," "professional association,  Enter new principal office address, if applicable:	"Inc," or "Co	". A profession	orated" or the nal corporation
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," ame must contain the word "chartered," "professional association,  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	"Inc," or "Co	". A profession	orated" or the nal corporation
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," ame must contain the word "chartered," "professional association,  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)	"Inc," or "Co	". A profession	orated" or the nal corporation
bbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," ame must contain the word "chartered," "professional association,  Enter new principal office address, if applicable: Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	"Inc," or "Co	". A profession	orated" or the nal corporation
	"Inc," or "Co	". A profession	orated" or the nal corporation

(City)

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

new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

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

(Florida street address)

INST OF STA

, Florida

(Zip Code)

Page 1 of 3

H100001558243

H100001558243

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)

Title	<u>Name</u>	Address	Type of Action
VP	ANTONIO FREITAS	201 2ND ST	D Add
		FORT MYERS FL 33907	☑ Remove
_ VP	LEONEL ESPINO	201 2ND ST	
		FORT MYERS EL 33907	☐ Remove
	, 		; '
E. If amen	ding or adding additional Articles, additional sheets, if necessary). (Be	enter change(s) here:	
, (macri a	dunional sheets, y necessary). (Be	specific)	,
			<u>'</u>
· <u></u>			<u> </u>
·			
	· · ·	<u> </u>	
F. Ifan a	mendment provides for an exchang	e, reclassification, or cancellation o	f issued shares,
(if)	not applicable, indicate N/A)	ent it not contained in the amenome	nt resent.
	·		
		· ·	
		,	
<u></u>		·	
		. :	

The date of each ame	ndment(s) add				
		(da	te of adoption is t	required)	
Effective date if appli	<u>icable</u> :				
	(no m	ore than 90 days	after amendmen	t file date)	
Adoption of Amendm	nent(s)	(CHECK	ONE)		
The amendment(s) by the shareholder				nber of votes c	ast for the amendment(s)
The amendment(s) must be separately					. The following statemen the amendment(s):
"The number of	of votes cast fo	r the amendment	(s) was/were suff	licient for appr	oval
by				,,,	
	(votin	g group)			1
action was not requ	uired. was/were adop	·			er action and shareholder
	ed_06/24/201				
	selected, b		r – if in the hands		fficers have not been trustee, or other court
•			JULIO'C. NUI	VES	
. ·		(Typed or	printed name of	person signing	9)
			PRESIDEN	JT	
		(Title of perso	on signing)		