

| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | MAIT               | MAIL        |
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| (= -                    | ,                  | ,           |
| (Do                     | ocument Number)    | )           |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 19, 2017

MICHELLE KAY PRITCHARD 1621 HARBOR RD KISSIMMEE, FL 34746

SUBJECT: PRITCHARD ENTERPRISES USA INC

Ref. Number: P10000061966

We have received your document for PRITCHARD ENTERPRISES USA INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 217A00014587



## COVER LETTER

TO: Amendment Section

**Division of Corporations** 

| NAME OF CORPORATION: PRITCHA                          | ed ENTERPRISES USA INC   |
|---|--|
| DOCUMENT NUMBER: PLOGGO                               | 61966  |
| The enclosed Articles of Amendment and fee are su     | bmitted for filing.  |
| Please return all correspondence concerning this man  | tter to the following:   |
| ROBERT  | FEDECE PETCHARD  |
|   | Name of Contact Person   |
| PRITCHARD.  | Name of Contact Person  ENTERPRISES USA INC.   |
|   | Firm/ Company  |
| 160 1100  | na Paan  |
| 1621 HARB   | CR RCVAIS Address  |
|   | Address  |
| KISSIMMŒ  | FL 34746.  |
|   | FL 34746 City/ State and Zip Code  |
|   |  |
| Oal somes 5   | 11120 6010   |
| E-mail address: (to be us                             | olive. Com sed for future annual report notification)  |
| 2 4447.3307 (14 - 1 - 1                               | ,  |
| For further information concerning this matter, pleas | se call:   |
| ROBERT PRITCHARD                                      | ar (863) 588 2217  |
| Name of Contact Person                                | Area Code & Daytime Telephone Number   |
| Enclosed is a check for the following amount made p   | payable to the Florida Department of State:  |
| See ATACHED  Certificate of Status  LETTER.           | Certified Copy (Additional copy is enclosed)    S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Address                                       | Street Address   |
| Amendment Section                                     | 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

of

| PRITCHARD EN  | TERPRISES US                      | in INC.  |
|---|-----------------------------------|--|
| (Name o   | f Corporation as currently file   | ed with the Florida Dept. of State)  |
| P1000006196   | .6                                |  |
|   | (Document Number of Cor           | rporation (if known)   |
| Pursuant to the provisions of section 607.1 its Articles of Incorporation:            | 006. Florida Statutes, this Flori | rida Profit Corporation adopts the following amendment(s) t  |
| A. If amending name, enter the new name   | me of the corporation:            |  |
| N(A·  |                                   | The new  |
|   | ttion "Corp," "Inc," or "Co".     | "company," or "incorporated" or the abbreviation  A professional corporation name must contain the |
| B. Enter new principal office address, i<br>(Principal office address MUST BE A ST    |                                   | NIA  |
| C. Enter new mailing address, if application (Mailing address MAY BE A POST C         |                                   | N/A.   |
| D. If amending the registered agent and new registered agent and/or the new           | registered office address:        |  |
| Name of New Registered Agent  | ROBERT G                          | RBOR ROAD  |
|   | 1621 Has                          | esce Roan  |
|   | (Florida street ac                | uddress)   |
| New Registered Office Address:  | KISSIMMEE (City)                  |  |
| New Registered Agent's Signature, if ch<br>I hereby accept the appointment as registe |                                   | and accept the obligations of the position.  |
| $\mathcal{R}$   | PHIL                              |  |
|   | Signature of New Regist           | tered Agent, if changing   |

| (Attach additional sheets,<br>Please note the officer/dit<br>P = President; V= Vice i<br>Executive Officer; CFO i<br>held. President, Treasure<br>Changes should be noted<br>a change, Mike Jones lea<br>Mike Jones, V as Remove | rector title President = Chief F r, Directo in the foliowers the co | e by the fir<br>; T= Trea<br>Financial (<br>or would b<br>llowing ma<br>orporation | surer: S= Secretary; D=<br>Officer. If an officer/dir<br>e PTD.<br>unner. Currently John D<br>i, Sally Smith is named th | Director; TR= Tru<br>ector holds more the<br>ooe is listed as the PS | in one title, list ti<br>ST and Mike Jone | he first letter of e<br>es is listed as the V | each office<br>V. There is |
|--|---|--|--|--|---|---|----------------------------|
| Example: XChange   | <u>PT</u>   | John Do  | <u>.</u>   |  |   |   |                            |
| X Remove   | <u>v</u>  | Mike Jos   | <u>nes</u>   |  |   |   |                            |
| X Add  | <u>sv</u>   | Sally Sm   | <u>iith</u>  |  |   |   |                            |
| Type of Action<br>(Check One)  | <u>Title</u>  |  | <u>Name</u>  |  | <u>Addres</u> s                           |   |                            |
| 1) Change  | P   | <del>-</del>   | MICHELLE   | PRITCHADO  | 1621                                      | HAR BOR                                       | . ROAD                     |
| Add  |   |  |  |  | KISSIMI                                   | ME  | _                          |
| X Remove   |   |  |  |  | FL 34                                     | +746  | <del>.</del>               |
| 2) Change  | <u>v. (</u>   | )<br>  | ROBERT PRIT  | chaep  | <u>r 4</u>                                | Į,  | _                          |
| Add  |   |  |  |  |   | <del> </del>                                  | _                          |
| Remove 3 ) Change  | ρ   |  | ROBERT PR  | -TCHAPO  |   | 11  | _                          |
| X Add  |   | <del></del>  |  |  |   |   | <del>-</del>               |
| Remove   |   |  |  |  |   | ·-·   | _                          |
| 4) Change  | <u>v. P</u>   | _  | MICHELE  | Perichar   | <u> </u>                                  | ر (ر  | _                          |
| _X_ Add  |   |  |  |  |   |   | _                          |
| Remove   |   |  |  |  |   |   | _                          |
| 5) Change  |   | <del></del>  |  |  |   |   | _                          |
| 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

address of each Officer and/or Director being added:

| ate this document was signed.  |
|--|
| Effective date if applicable: 7. 25- 2011  |
| Grective date if applicable: 7. 25-201 (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 to locument'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 7. 25. 2017 Signature R + H  |
| (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)   |
| appointed inductary by that inductary)   |
| ROBERT CTEDRICE PRITCHARD  |
| (Typed or printed name of person signing)  |
| P.   |
| (Title of person signing)  |