P10000001074

(Re	questor's Name)	
(Ad	dress)	
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	10: : : : : : : : : : : : : : : : : : :	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(D.)	-in	
(ви	siness Entity Nam	e) ·
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Amend Ma 6/2/11

CUVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

NAME OF COR	PORATION:	PUCKSTER PRODUCTS, INC.		
DOCUMENT NU	JMBER:	P10000071074		
The enclosed Artic	cles of Amendment and fee	are submitted for filing.		
Please return all c	orrespondence concerning th	is matter to the following:		
		AROLE HOLLAND		
	1	Name of Contact Person		
		Firm/ Company		
1		13882 US HWY 1 Address		
	11 18		•	
		NO BEACH, FL 33408 City/ State and Zip Code		
	E-mail address: (to be use	ed for future annual report notification)		
For further inform	ation concerning this matter	, please call:		
CAROLE HOLLAND Name of Contact Person		at (561) 7 Area Code & Daytime Tel	76-3965 ephone Number	
Enclosed is a chec	k for the following amount i	nade payable to the Florida Depart	tment of State:	
☑ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing A		Street Address Amendment Section		

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to **Articles of Incorporation**

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•

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 d	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)

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

11 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
TREAS	COURTNEY MITCHELL	972 SANCTUARY COVE DR. NORTH PALM BEACH. FL 3340	
			_
			Add Remove
	ding or adding additional Articles, ent dditional sheets, if necessary). (Be spe		
-		·	,
provisio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		

i ne gate of each amendment	(s) adoption: <u>02/20/11 </u>
(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated <u>05/20</u>)/2011
sele	a director, president or other offider – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	VICTORIA TAYLOR
	(Typed or printed name of person signing)
	PRES.
	(Title of person signing)