P11000023690

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T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	PROCOLOR DESIGN INC	
DOCUMENT NUI	MBER:	P11000023690	
The enclosed Articl	es of Amendment and fee	e are submitted for filing.	
Please return all con	respondence concerning	this matter to the following:	
-		LILIA M LIMA Name of Contact Person	
		Name of Contact rerson	
_	PR	OCOLOR DESIGN INC	
		Firm/ Company	
· · · · · · · · · · · · · · · · · · ·	·· · 723 S	SW 6TH STREET SUITE 4	
		Address	
X X	HALL/	ANDALE BEACH-FL 33009	
-		City/ State and Zip Code	
· 	INFO@T/ E-mail address: (to be	AXCONTROLLER.COM used for future annual report notification)	
For further informa	tion concerning this matt	er, please call:	
	DO BATISTA JUNIOR	•	
Name	of Contact Person	Area Code & Daytime Telephone Numbe	<u> </u>
Enclosed is a check	for the following amoun	t made payable to the Florida Department of State	e:
	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Fil Certified Copy Certificate (Additional copy is enclosed) Certified C (Additional Copy is enclosed)	of Status
Mailing Ac Amendmen Division of P.O. Box 6: Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



PROCOLOR DESIGN INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P11000023690
(Document Number of Corporation (if known)

EVEDI ACT CI	of the corporation:	~~
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or to	JMMER BEACH WEAR INC In the word "corporation," "company," or the designation "Corp," "Inc," or "Co". A pi torofessional association," or the abbreviation "	rofessional corporation
B. Enter new principal office address, if a (Principal office address MUST BE A STRE		
C. Enter new mailing address, if applicabe (Mailing address MAY BE A POST OF)		
	r registered office address in Florida, enter t egistered office address:	he name of the
new registered agent and/or the new re		
Name of New Registered Agent:		
	(Florida street address)	
Name of New Registered Agent:		lorida

Page 1 of 3

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
		·	
E. If amen	ding or adding additional Arti	cles, enter change(s) here:	
(attach a	dditional sheets, if necessary).	(Be specific)	
	-	, , , , , , , , , , , , , , , , , , ,	
			• • •
F. Ifan aı	mendment provides for an excl	hange, reclassification, or cancella	tion of issued shares
<u>provisi</u>	ons for implementing the amer	ndment if not contained in the amo	endment itself:
(if n	ot applicable, indicate N/A)		
		1	
	_		
		——————————————————————————————————————	
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment	(s) adoption: 06/25/2012
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/we by the shareholders was/we	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 statemen 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	LILIÁ M LIMA
	(Typed or printed name of person signing)
	PRESIDENT
*.	(Title of person signing)