# P11000030002

(Red	questor's Name)	
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SECRETARY OF STATE OF STATE OF CREPARATION

Amend

DEC 1 4 2012

T. BROWN

# , COVER LETTER

NAME OF CORPORATION: PICH 1071 INC  DOCUMENT NUMBER: PI 0000 3000 2
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
FOLVIA ARIENT  Name of Contact Person  RICHMON INC  Firm/ Company  2021 1ST AVE N  Address  ST PETERS BURG FL.  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (121) 612 59 04  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)

### **Mailing Address**

**TO:** Amendment Section

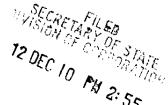
**Division of Corporations** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# **Street Address**

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassec, FL 32301

# Articles of Amendment . . . . to Articles of Incorporation



(Name of Corporation as currently filed with the Florida Dept. of State) (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: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," o: "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 (Florida street address) New Registered Office Address: Florida

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

(Cin)

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President: T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John D	<u>Ooe</u>	
X Remove	$\underline{\mathbf{v}}$	Mike J	ones	
X Add	<u>sv</u>	Sally S	S <u>mith</u>	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	VP	<del></del>	FANTECHI CHARLIE	4720 Dr MARTIN WHERKING
Add Remove				ST. PETERSBURG. ST.S. 33705 FLORIPA
2) Change	VP		FRIENTI FULVIA	4720 Dr MLK Jr85 S
Add				ST. RETERSBURG,
3 ) Change	<u>\$</u>	_	PERCY MARGARE	T LOZO DRALK JUSTS. ST PETERSBURG
Remove				33705 FOLIDA
4) Change	<u> </u>	>_	HRIENTI FULLIA	4720 Dr MLK Jr ST.S.
AddRemove				ST. PETERSBURG 33705 FLORIDA
5) Change		<del></del>		
Add Remove				
6) Change				
Add				
Remove			•	

	ig or adding additional Articles, enter change(s) here: itional sheets, if necessary). (Be specific)
<del></del>	
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<u>ii an amen</u> provision	dment provides for an exchange, reclassification, or cancellation of issued shares, s for implementing the amendment if not contained in the amendment itself:
(if not	t applicable, indicate N/A)

The date of each amendment(s) adoption:    10   5   12
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
by
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 12   5   2
Signature
(By a director, president or other officer— derector 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)
TYPER TOULA ARENT (Typed or printed name of person signing)
(Title of person signing)