P11000033897

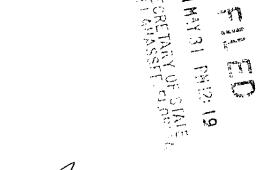
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	· .
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



300208193523

300208193523 05/31/11--01041--009 **35.00



Amond

6/6/1/1 De

THE PEARCE GROUP, INC

PO Box 25565 Tamarac, Florida 33320-5565 Tel: (954) 732-0937 Email: <u>LawPP1216@gmail.com</u>

April 20, 2011

Valerie Herring Regulatory Specialist II New Filings Section Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Document Number: P11000033897

Dear Mrs. Herring:

With respect to the above captioned, I respectfully request that you remove and delete KAREN L. PEARCE as VP from my newly enacted corporation: THE PEARCE GROUP, INC.

Please be advised that KAREN L. PEARCE is not involve in any corporate matter and is not personally liable for any matter regarding this corporation. There were no shared stocks or money invested by her in any matter concerning THE PEARCE GROUP, INC. I had only added her name during the electronic filing as a spouse.

Should you have any questions or comment, please do not hesitate to contact me at: (954) 732-0937.

Thank you for your kind cooperation in this matter.

Respectfully submitted,

Patrick S. Pearce, J.D., President, CEO

cc: Karen W. Pearce 200 Lakeview Drive #210 Weston, Florida 33326

File/PSP

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: THE 7	PEARCE GROW	JNC.
DOCUMENT NU	MBER: <u>P1100</u>	0033897	
The enclosed Artic	les of Amendment and fee are	e submitted for filing.	
Please return all co	rrespondence concerning this	matter to the following:	
-		K PEARCE J. I	D., Pees
_	THE PE	ARCE GROUP, I	N
		Firm/ Company	
	* POBO	× 25565	
	Po Bo	X 2556 PSP	
-		Address	
_	(AMA)	PAC, FL 3332	0-5565
	City	y/ State and Zip Code	
		P1216@GMAZL · CO. for future annual report notification)	<u>M</u>
For further informa	tion concerning this matter, p	lease call:	
	_		AG2 7
	EARCE	at (954) 732 -	
Name	of Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount ma	de payable to the Florida Departn	nent 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 Ad	dress	Street Address	
Amendmen		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 63		Clifton Building	
Tallahassee	, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment

to

Articles of Incorporation

ηf

IHE PEARLE G			<u>.</u>	
(Name of Corporation as currently filed w	ith the Florida De	ept. of State)		
P110000338	97			
(Document Number of Corpo	oration (if known)			
Pursuant to the provisions of section 607.1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Floria</i>	la Profit Corp	oration adopts the	; following
A. If amending name, enter the new name of the corpora	ation:			
NA			The	new
name must be distinguishable and contain the word "cabbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional ass	"Corp," "Inc," o	r "Co". A pr	ofessional corpora	the ution
B. Enter new principal office address, if applicable:		NA		
(Principal office address <u>MUST BE A STREET ADDRESS</u>	<u>S</u>)		A'A =	ŧ
				-77
			- 5 = 0	MATERIAL STREET
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA	NH2: 19	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		orida, enter th	e name of the	
Name of New Registered Agent:	NA			
	NA	<u>, </u>		
New Registered Office Address: (F	lorida street addre	*		
	/ V A	, Fl	orida	
(C	ity)	(Zip Cod	le)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am for the second secon	amiliar with and a			ion.
Signature of N	lew Registered Ag	eni, ij cnanging	5	

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
VP.	KAREN L. PEA	PCE 200 LAKEVIEU #210	→ Add
		WESTON, FL 3	3326
			
			
	ling or adding additional Articles, o		
(attach ad	dditional sheets, if necessary). (Be	specific)	
		NA	
		-	
	nendment provides for an exchange		
	ons for implementing the amendme of applicable, indicate N/A)	nt if not contained in the amend	iment itsen:
	NA	· 	
		· · · · · · · · · · · · · · · · · · ·	

	~ 5/18/m
The date of each amendment	(s) adoption: (date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated	54/8-/2011
Cianatura	
Signature (By	a director, president or other fiver - if directors or officers have not been
	eted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
900	sinica riadolary by that riadolary)
•	PATRICK S. PEARCE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)