# P13000016439

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(Address)		
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C. LEWIS MAR 1 3 2014 EXAMINER

### **COVER LETTER**

TO: Amendment Section Division of Corporations	,
NAME OF CORPORATION: PNAGEING (Leaver INC	
DOCUMENT NUMBER: 7 136000 16 439.	,
The enclosed Articles of Amendment and fee are submitted for filing. FdeNTIFICATION	Number
Please return all correspondence concerning this matter to the following: 46-2070 707	
Coestey Davino Name of Contact Person	
Name of Contact Person	
Firm/ Company	
346645W187 CT LOT 249.	
Housestead. F/ 33034	
City/ State and Zip Code	
Gerry euba 36 @ CHarl, Co 4  E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Coesing Davanno at 786,6036892	
Name of Contact Person at (786) 603 6892  Area Code & Daytime Telephone Number	<del></del>
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)  \$35 Filing Fee Certified Copy (Additional Copy is enclosed)	

#### Mailing Address

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
Tallahassee, FL 32301

APPROVED AND FILED

# Articles of Amendment to

14 MAR 13 PH 12: 35

Articles of Inc	orporation	SECRETARY OF STATE
Phageivey Clear	reir Tur.	TALL AHASSEEL FLORIDA
(Name of Corporation as currently filed with the F	lorida Dept. of State)	
P 130000 16439.		
(Document Number of Corporation (i	f known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation add	opts the following amendment(s)
A. If amending name, enter the new name of the corporation:    Inagely Cleuner Ename must be distinguishable and contain the word "corporation"	Orp.	The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or " word "chartered." "professional association," or the abbreviation "	Co". A professional corporat	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	984 E 24 HinLeatt	stre Il
	33013.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
		_
	<del>-                                    </del>	<del>"</del>
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address		e of the
Name of New Registered Agent		
(Florida str	evt address)	
New Registered Office Address:	, Florida_	(Zip Code)
(City)		(гар Сойе)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v		of the position.

Signature of New Registered Agent, if changing

## 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 Doe 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 Doe		
X Remove	<u>V</u>	Mike Jones		
X Add	<u>sv</u>			
		Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change				
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Add		-		
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)		
ittaen <i>aaann</i>	onai sneeis, ij necessary).	(Be specific)
•		
lf an amendr	<u>nent provides for an exch</u>	nange, reclassification, or cancellation of issued shares,
provisions f	or implementing the amer	ndment if not contained in the amendment itself:
(ij noi a <sub>l</sub>	oplicable, indicate N/A)	
		<u></u>
	<del></del>	
		•
		·
		•

## APPROYEU AND FILED

	14 MAR 13 PH 12: 35, if other than the
The date of each amendment(s) adoption:date this document was signed.	
Č	SECRETARY OF STATE TALLAHASSEE, PLORIDA
Effective date if applicable: (no mo.	re than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ON	NE)
The amendment(s) was/were adopted by the sharehold by the shareholders was/were sufficient for approval.	ders. The number of votes cast for the amendment(s)
The amendment(s) was/were approved by the shareho must be separately provided for each voting group en	
"The number of votes cast for the amendment(s)	was/were sufficient for approval
by	,,,
(voting group	<i>p)</i>
The amendment(s) was/were adopted by the board of action was not required.	directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpora action was not required.	tors without shareholder action and shareholder
Dated <u>01- 17- 2014</u> Signature / Occil	/ <del>)</del>
(By a director, president of o	ther officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court iduciary)
	yped or printed name of person signing)
	(Title of person signing)