9130006531

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900298807719

05/15/17--01043--020 **35.00

And

MAY 18 2017

R. WHITE

COVER LETTER

TO: Amendment Section **Division of Corporations** lanaco **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: SW Address City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

Articles of Amendment

	ļ-	!!		1	
7	MAY	15	РИ	3.	1. 6

F	Α	to rticles of Incorpo	ration	17 HAY 15	PM 3: 1:5
Panaco.	Lnsuce	of i	Car	70.5	
	(Name of Corporation	n as currently file	d with the Floric	ia Dept. of State)	
P13000	(Name of Corporation)	/	•		
**************************************	(Docume	ent Number of Cor	poration (if know	n)	
Pursuant to the provisions of seits Articles of Incorporation:	ection 607.1006, Florida	Statutes, this <i>Flor</i>	da Profit Corport	ation adopts the following	lowing amendment(s) to
A. If amending name, enter t	he new name of the cor	poration:			
					The new
name must be distinguishable "Corp.," "Inc.," or Co.," or word "chartered," "profession	the designation "Corp,' and association," or the a	"Inc," or "Co".	A professional		
B. Enter new principal office (Principal office address MUS		RESS)			
C. Enter new mailing addre (Mailing address MAY BE) 			
D. If amending the registered new registered agent and			n Florida, enter (the name of the	
Name of New Register		SW (Florida street ad	159	ave	
New Registered Office	A 1 1	GM i (City		, Florida	33196 (Zip Code)

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

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
l) Change			
Add			
Remove			
2) Change		-	
Add			
Remove		·	
3) Change		_	
Add		•	
Remove			
4) Change ,			
Add			
Remove			
5) Change			
Add			
Remove			
			,
6) Change			
Add			
Remove			

E. <u>II amending o</u> (Attach <i>additio</i>	r adding additional Art nal sheets, if necessary).	icies, enter change (Be specific)	e(s) here:			
	-					
·		.				
· · ·						
-						.
 	W72+74-2-12-12-1	· ·				
				· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
provisions fo	ent provides for an exch r implementing the ame plicable, indicate N/A)	lange, reclassificat ndment if not cont	ion, or cancellati tained in the ame	on of issued sha ndment itself:	res.	
	-					

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	·
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	ill not be listed as the
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 Bus Gentle "	
(voting group)	
☐ 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.	
Signature But Meeur	
Dated	
Signature Salt Phoening	
(By a director, president or other officer – if directors 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)	
(Typed or printed name of person signing)	
Presiden +	
(Title of person signing)	