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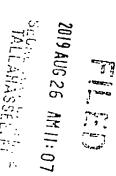
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## COVER LETTER

TO: Amendment Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION: PB Grading Inc.			
DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Name of Contact Person  PB Gyading Inc  Firm/Company  15576 8844 Place N.  Address  Loverheatchee FL 33470			
City/ State and Zip Code			
Pauthe Aumber @ bellsouth. Net  E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Tracey Blair at 56 312-040  Name of Contact Person Area Code & Daytime Telephone Number			
Area code de Daynine Perephone (vaniber			
Enclosed is a check for the following amount made payable to the Florida Department of State:			
\$35 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certified Copy  (Additional Copy is enclosed)			
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations			

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation

PB GVOIDING TOC (Name of Corporation as currently filed with the Florida Dept. of State)				
	of Corporation (if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
N/A	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 corporation name must contain the			
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A			
	2018 S.E. S.			
C. Enter new mailing address, if applicable:	NA SET			
(Mailing address MAY BE A POST OFFICE BOX)	7/17 20			
	Cir Cir			
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office addres	ress in Florida, enter the name of the			
Name of New Registered Agent	A			
X 1 /	reet address)  .			
New Registered Office Address:	(City) , Florida(Zip Code)			
	(Lip Code)			
Now Degistered Amoust's Simpson of the main the size of the				
New Registered Agent's Signature, if changing Registered Agent hereby accept the appointment as registered agent. I am familiar	:: with and accept the obligations of the position.			
,				
$\sim$	+			
Signature of New 1	X 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: <u>X</u> Change	<u>PT</u>	John Doc	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  1) Change Add Remove	Title	Paul P. Blair	Address 15576 88 PLN. Loxabatchel FL, 33470
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add			
Remove  6) Change Add  Remove			
Remove			

E. If amending or adding additional Articles, enter changes (Attach additional sheets, if necessary). (Be specific)	s) here:
NIA	
<ul> <li>If an amendment provides for an exchange, reclassificat provisions for implementing the amendment if not cont</li> </ul>	ion, or cancellation of issued shares,
(if not applicable, indicate N/A)	ante in the amendment tiges.
N/A	

•	8/10/10	
The date of each amendment(s) a date this document was signed.	deption:	, if other than th
date this document was signed.	8/10/	
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendme	ent file dute)
Note: If the date inserted in this locument's effective date on the De	plock does not meet the applicable statutory filing epartment of State's records.	requirements, this date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad- hy the shareholders was/were st	opted by the shareholders. The number of votes east officient for approval.	t for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
	for the amendment(s) was/were sufficient for appro	val
by	NLA (voting group)	·"
	(voting group)	
The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder a	action and shareholder
The amendment(s) was/were ad- action was not required.	opted by the incorporators without shareholder action.	on and shareholder
Dated 8/	19/19	
Signature	ivee L. Blein	
	irector, president or other officer - if directors or of	
	d, by an incorporator – if in the hands of a receiver, ted fiduciary by that fiduciary)	trustee, or other court
-11	Tracey L. Bla	u (r
	(Typed or printed name of person signing	ng)
	V.P.	
	(Title of person signing)	