P14000015569

(Re	equestor's Name)				
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COVERLETTER

TO: Amendment Section **Division of Corporations** - PRODUCTS AND Derwices INC P140000 15569 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 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

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

Certified Copy (Additional Copy

is enclosed)

Articles of Amendment to Articles of Incorporation

of

to

PERLICET PRODUCTS AND	Sarvices INC.
(Name of Corporation as currently	filed with the Florida Dept. of State)
P14000015569	
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" 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)	
C. Enter new mailing address, if applicable:	DIVISIAN AUG
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	
D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	
Name of New Registered Agent	
471 - 1	
(Florida stre	et adaress)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered Agent:	(др соле)
I hereby accept the appointment as registered agent. I am familiar w	ith and accept the obligations of the position.
Signature of New Re	gistered 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 <math>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.

Mike Jones, V as Remove Example:	e, and Sai	lly Smith,	SV as an Add.						
X Change	<u>PT</u>	John Do	<u>oe</u>						
X Remove	<u>V</u>	Mike Jo	<u>ones</u>						
_X Add	<u>sv</u>	Sally Sa	<u>mith</u>						
Type of Action (Check One)	Title		Name			<u>Addre</u>			
1) Change	√ 12		SHELLY	VANDE	<u>P</u> EUL	en.	2012	US H	1,D
X Add						7	गुरुर । हु।	113	3477
Remove									
2) Change								· · · · · · · · · · · · · · · · · · ·	
Add									
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3) Change									
Add									
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Add									
Remove									
5) Change		_							
Add									
Remove									
6) Change		_							
Add									<u>-</u>
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	eets, if necessary)	. (Be specific)			·
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an amendment p	ovides for an exc	hange, reclassific	ation, or cancellation	on of issued shares,	
<u>provisions for imp</u>	<u>lementing the am</u>	endment if not co	eation, or cancellation ontained in the amen	on of issued shares, adment itself:	
<u>provisions for imp</u>	rovides for an exc lementing the am le, indicate N/A)	endment if not co	ation, or cancellation tained in the amer	on of issued shares, adment itself;	
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<u>provisions for imp</u>	<u>lementing the am</u>	endment if not co	ation, or cancellatic	on of issued shares, adment itself:	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	Si of District
Effective date if applicable:	DIVISUR OF LUM Comme
(no more than 90 days after amendment file date)	15 AUG 17 AM 7: 55
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	date will 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 by the shareholders was/were sufficient for approval.	it(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	i.
Dated 8 11 15 Signature	
(By a director, president or other officer - if directors or officers have not bee	
selected, by an incorporator – if in the hands of a receiver, trustee, or other coappointed fiduciary by that fiduciary)	urt
appointed inductary by that inductary)	
THOMAS ROSS pres	
(Typed or printed name of person signing)	
Pres	
(Title of person signing)	