P14000031262

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SECRUTARY OF STATE
ALLAHASSEE, FLOSITIA



COVER LETTER

TO: Amendment Sec Division of Corp		•	
NAME OF CORPO	RATION: Perfect Se	ettings Caterin	g Inc.
DOCUMENT NUM	BER: P140000312	202	
The enclosed Articles	s of Amendment and fee are so	ubmitted for filing.	
Please return all corre	espondence concerning this ma	atter to the following:	
	Letticia Mack		
		Name of Contact Perso	n
	Perfect Settings	s Catering Inc.	
		Firm/ Company	
	1708 37th Stree	• •	
		Address	
	West Palm Bea	ach, Fìorida 33	407
		City/ State and Zip Cod	le
	E-mail address: (to be u	sed for future annual report	notification)
For further information	on concerning this matter, plea	se call:	
Letticia Mad	ck	at (561	, 379-2733
Name	of Contact Person		ode & Daytime Telephone Number
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment 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

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

is enclosed)

Articles of Amendment to Articles of Incorporation of

Perfect Settings Catering, In	IC.			
(Name of Corporation as currently	filed with the Florida	Dept. of State)		
P14000031202				
(Document Number of	of Corporation (if know	vn)		
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florid</i>	la Profit Corporation ado	pts the following an	nendment(s) to
A. If amending name, enter the new name of the	corporation:			
Perfect Settings Catering, "A P	ersonal Dinin	g& Catering Se	rvice" Inc. $_{r_h}$	o now
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or th	ord "corporation," "crp," "Inc," or "Co".	company," or "incorpord A professional corporati	ated" or the abbre	eviation
B. <u>Enter new principal office address, if applicab</u> (Principal office address <u>MUST BE A STREET AD</u>				
				
	_		7914	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)			1
			X SS	t estreme e estreme
	 -		m _o	
			. S. <u> </u>	- Transp
D. If amending the registered agent and/or regist		Florida, enter the name	of the	
new registered agent and/or the new registered	<u>a office address:</u>		≫ें जें	
Name of New Registered Agent				
	(Florida street add	dress)		
New Registered Office Address:		, Florida		
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing Re	oristoned Agents			
I hereby accept the appointment as registered agent.		nd accept the obligations of	of the position.	
Signatura of I	Van Pagistared Agent	il changing		

Effective date if applicable:	
<u>n appneasie</u> .	(no more than 90 days after amendment file date)
loption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.
-	proved by the shareholders through voting groups. The following statement 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.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated May 15 Signature	lifector, president or other officer – if directors or officers have not been
selecte	d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	Letticia Mack
	(Typed or printed name of person signing) President
	(Title of person signing)