# P5000011936

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### **COVER LETTER**

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Pollux Supplies Inc **DOCUMENT NUMBER:** P15000011936 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lee Rubin Name of Contact Person Pollux Supplies Inc Firm/ Company 8177 N Atlantic Ave Suite 1 Church Street Center Address Cape Canaveral, FL. 32920 City/ State and Zip Code info@polluxii.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lee Rubin Name of Contact Person Area Code & Daytime Telephone Number 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 to Articles of Incorporation of

FILED

The second secon			2015 APR - 3 PI	, , , , ,
(Name of Corporation as cur	rently filed with the Flo	orida Dept. of St	tate)	<del></del>
P15000011936			93552 TARY OF TALLAHASSEE.	FLORIDA
(Document No	umber of Corporation (if	known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	6, Florida Statutes, this F	Torida Profit Co	rporation adopts the followi	ng amendment
A. If amending name, enter the new name	of the corporation:			
n/a				The new
name must be distinguishable and contain "Corp.," "Inc.," or Co.," or the designatio word "chartered," "professional association,	n "Corp," "Inc," or "C	Co". A professio P.A."	onal corporation name musi	contain the
B. Enter new principal office address, if applicable:		81// N A	tlantic Ave Suite 1	
(Principal office address <u>MUST BE A STRE</u>	EET ADDRESS )	Cape Canaveral, FL. 32920		0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			tlantic Ave Suite 1 naveral, FL. 32920	_
D. If amending the registered agent and/or new registered agent and/or the new re			iter the name of the	_
8177 N Atlantic Ave Sui		Ave Suite	1	
	(Florida stre	et address)		
New Registered Office Address:	ape Canaveral		, Florida_32920	
	(City)		(Zip Code)	_

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	Y	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	VP	Robert Ferreri	8177 N Atlantic Ave
Add			Cape Canaveral, FL. 3292
Remove			
2) Change	VP	Lee Rubin	8177 N Atlantic Ave
Add			Cape Canaveral, FL. 3292
Remove			
3) Change			
Add			
Remove			
4) Change			
Add		•	
Remove			
5) Change	<u></u>		
Add			
Remove			
6) Change			
Add	-		
Remove			

	ing or adding additional Art Iditional sheets, if necessary).	(Be specific)	
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		•	
	<del>"</del>		
	<u>endment provides for an exc</u>	hange, reclassification, or cancellation of iss	ued shares,
If an am		enament it not contained in the amenament :	tseii:
<u>provisi</u>	ons for implementing the ame	, , , , , , , , , , , , , , , , , , ,	
provision (if	ons for implementing the ame not applicable, indicate N/A)	, igo comanos m que amendanon.	
provision (if	ons for implementing the amount applicable, indicate N/A)		
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The date of each amendment(s) ad	option:	, if other than the
date this document was signed.		
Effective date if applicable:		
<del>,                </del>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the shareholders was/were sur	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	roved 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	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated March 3	0, 2015	
Signature	Pref -	
(By a di selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	Richard Fernandez	
•	(Typed or printed name of person signing)	<del></del>
	Secretary	
	(Title of person signing)	