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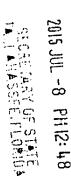
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JUL 13 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: PMI SOUTH INC. **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: GINO LETTIERI Name of Contact Person RESNICK & NEWMAN LLP Firm/ Company 580 WHITE PLAINS ROAD - SUITE 435 Address TARRYTOWN, NY 10591 City/ State and Zip Code GINOL@RESNICKNEWMAN.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (914) 631-7000 Area Code & Daytime Telephone Number **GINO LETTIERI** Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **□\$43.75** Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Street Address **Mailing Address** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Articles of Amendment to Articles of Incorporation of

PMI SOUTH INC.

(<u>Name</u>	of Corporation as curren	tly filed with the Florida Dept. of State)	
	P15000	016043	
	(Document Number	of Corporation (if known)	
ursuant to the provisions of section 607 s Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following	ng amendment(s) to
. If amending name, enter the new n	ame of the corporation:		
NOT APPLICABLE			The new
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	on," "company," or "incorporated" or the a "Co". A professional corporation name must "P.A."	bbreviation
3. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		12142 LONGVIEW LAKE CIRCLE	
		LAKEWOOD RANCH, FL 34211-4964	2015
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			100
		12142 LONGVIEW LAKE CIRCLE	700 品
		LAKEWOOD RANCH, FL 34211-4964	PH 12: 48
. If amending the registered agent an new registered agent and/or the ne		dress in Florida, enter the name of the	55m 6 0
Name of New Registered Agent	NOT APPLICABLE		_
	12142 LONGVIEW LAK	KE CIRCLE	
	(Florida st	treet address)	-
	LAKEWOOD RANCH , Florida 34211		
New Registered Office Address:	LAKEWOOD RANCH	, Florida	

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.

Example: X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>V</u>	Míke Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	Address
1) Change	PTD		WILLIAM HAUSSMANN	1 D'ALFONSO ROAD
X Add				NEWBURGH, NY 12550
Remove				
2) X Change	Vs		CHRISTOPHER D. HUSTON	12142 LONGVIEW LAKE CIRC
Add				LAKEWOOD RANCH, FL 34211
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

(Attach additional sheets, if necessary).	cles, enter change(s) (Be specific)			
NOT APPLICABLE				
	 -			
			<u> </u>	
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If an amendment provides for an excha	ange, reclassificatio	n, or cancellation of	f issued shares,	
provisions for implementing the amen	dment if not contain	ned in the amendme	ent itself:	
(if not applicable, indicate N/A)				
				
IOT APPLICABLE				

	JUNE 25, 2015	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
	T APPLICABLE	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file da	ate)
Note: If the date inserted in this I document's effective date on the De	plock does not meet the applicable statutory filing requiremepartment of State's records.	ents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were so	opted by the shareholders. The number of votes cast for the a fficient for approval.	nmendment(s)
☐ The amendment(s) was/were appured by the separately provided for	proved by the shareholders through voting groups. The follow each voting group entitled to vote separately on the amenda	ving statement nent(s):
	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and	d shareholder
☐ The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and sha	reholder
JUNE 25,	2015	
Signature Will	ing Hauseroun	
(By a d	irector, president or other officer – if directors or officers haved, by an incorporator – if in the hands of a receiver, trustee, of ed fiduciary by that fiduciary)	
	WILLIAM HAUSSMANN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	