P15000029433

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: BECCAPAT INC			
DOCUMENT NUM	BER: P1500029433			
	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this mat	tter to the following:		
	PATRICIA FLORES		•	
		Name of Contact Persor	1	
	BECCAPAT INC			
		Firm/ Company		
	2301 W MICHIGAN AVEN	UE #55		
		Address		
	PENSACOLA FL 32526			
		City/ State and Zip Code	e	
nga Milaga Kadasak	771			
·		sed for future annual report	notification)	
e englesse e	. :			
For further information	on concerning this matter, pleas	e call:		
PATRICIA FLORES		at (<u>850</u>	de & Daytime Telephone Number	
Name	of Contact Person	Area Co	de & 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 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

BECCAPAT INC

(Name of Corpora	tion as currently filed with the Florida Dept. of State)
	P15000029433
(Docu	ment Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the opposition of the o	orporation:
name must be distinguishable and contain the wo	The new rd "corporation," "company," or "incorporated" or the abbreviation p," "Inc," or "Co". A professional corporation name must contain the eabbreviation "P.A."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD	
new registered agent and/or the new registered	red office address in Florida, enter the name of the
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Reliated Agent's Agent as registered agent.	<u>vistered Agent:</u> I am familiar with and accept the obligations of the position.
Sign	nature of New 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: X Change	<u>PT</u>	John Do	<u>De</u>			
X Remove	<u>v</u>	Mike Jones				
X Add	<u>sv</u>	Sally Sr	Sally Smith			
Type of Action (Check One)	<u>Title</u>		Name	Address		
1) Change	<u>D</u>	_	CLARK, REBECCA	2301 W MICHIGAN AVE #55		
Add X Remove				PENSACOLA FL 32526		
2) Change Add Remove						
3) Change Add Remove		_				
4) Change Add Remove	All yar akusid (Proper)		•			
5) Change Add Remove						
6) Change Add Remove						

Attach additiona	l sheets, if necessary).	(Be specific)			
			•	-	
		<u> </u>		• •	
				<u> </u>	
					
		_			
					
				. <u> </u>	<u> </u>
				·	

					_
f on amendmer	nt provides for an exc	hange reclassific	ation or cancellat	ion of issued shar	PS
provisions for	implementing the am	endment if not co	ntained in the am	endment itself:	
(if not appl	icable, indicate N/A)				
			······	4-, 14-,	
	· · · · · · · · · · · · · · · · · · ·				
				<u>. </u>	
			·	 .	<u></u>

The date of each amendment(s) a date this document was signed.	doption:, if other	than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the De	plock does not meet the applicable statutory filing requirements, this date will not be listed epartment of State's records.	ed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adby the shareholders was/were st	opted by the shareholders. The number of votes cast for the amendment(s) afficient 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)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated	1415	
Signature	Atricio Felnes	
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court sted fiduciary by that fiduciary)	
	PATRICIA FLORES	
	(Typed or printed name of person signing)	
	DIRECTOR	
	(Title of person signing)	