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| Special Instructions to Fi | ling Officer: | |
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Office Use Only



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COVER LETTER

| | | COTEN BATTER | | |
|--|---|--|--|-------------|
| TO: Amendment Section Division of Corpora | n ations | | | |
| NAME OF CORPORA | TION: PELICANO CRUSH | IER CORP. | | |
| DOCUMENT NUMBE | P15000086115 | | | |
| DOCOMENT NOMES | turne and fac are sub | mitted for filing. | | |
| | Amendment and fee are sub | | | |
| Please return all corresp | ondence concerning this matt | er to the following: | | |
| S | USAN SHARPE-KUTZ | | | |
| _ | | Name of Contact Person | | |
| I | BLANCHARD, MERRIAM, | ADEL & KIRKLAND, P.A | · | |
| - | | Firm/ Company | | |
| 4 | SE BROADWAY STREET | | | |
| - | | Address | | |
| • | OCALA, FL 34471 | | | |
| - | | City/ State and Zip Code | | |
| SKUT | Z@BMAKLAW.COM | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | |
| For further information | concerning this matter, pleas | e call: | | |
| SUSAN SHARPE-KU | TZ, ESQUIRE | at (| 732-7218 de & Daytime Telephon | Nimelan |
| | f Contact Person | | | Number |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | riment of State: | |
| S35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| Amo Div P.O | ling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314 | Amend Division Cliftor 2661 I | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 | |





November 9, 2018

SUSAN SHARPE-KUTZ 4 SE BROADWAY ST OCALA, FL 34471

SUBJECT: PELICANO CRUSHER CORP.

Ref. Number: P15000086115

We have received your document for PELICANO CRUSHER CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 018A00023229

Correction Correction Thomas you

FILED

Articles of Amendment to Articles of Incorporation of 2919 NOV 19 P 3: 24

| PELICANO CRUSHER CORP. | |
|--|---|
| (Name of Corporation as currently | filed with the Florida Dept. of State) |
| P15000086115 | |
| (Document Number of | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation: | Florida Profit Corporation adopts the following amendment(s) to |
| 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 "(word "chartered," "professional association," or the abbreviation ". | |
| B. Enter new principal office address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | Daytona Beach, FL 32124 |
| C. Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address | ress in Florida, enter the name of the |
| 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 | |
| (Florida st | eet address) |
| New Registered Office Address: | (Clty) , Florida (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar | ii with and accept the obligations of the position. |
| Signature of New | Registered Agent, if changing |

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|---|---|--|----------------|----------------------------------|
| address of each Officer is (Attach additional sheets, Please note the officer/dir | and/or D if necess rector titl | e by the first letter of the office title: | uee: C = Chai | rman or Clerk; CEO = Chief |
| Executive Officer; CFO held. President, Treasure. | = Chief i r, Directo in the fol ives the c | inancial Officer. If an afficerialized miles in would be PTD. lowing manner. Currently John Doc is listed as the PS proporation, Sally Smith is named the V and S. These sho | T and Mike Jos | nes is listed as the V. There is |
| Example: X Change | PI | John Doe | | |
| X Remove | ¥ | Mike Jones | | |
| X Add | ŞΥ | Sally Smith | i | |
| Type of Action | <u>Title</u> | Name | Address | |
| (Check One) 1) X Change | VS | JOSE ACEBAL | 1169 INDIAN | LAKE RD |
| , - | | | DAYTONA B | EACH, FL 32124 |
| Add Remove | | | | |
| | Т | MARIA CINTRON | 1169 INDIAN | LAKE RD |
| 2) Change Add | | | DAYTONA E | EACH, FL 32124 |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | <u> </u> |
| Add | | | | |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | |
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___ Remove

| an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) | mending or adding additional Articles, enter change(s) here: such additional sheets, if necessary). (Be specific) | |
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| provisions for implementing the amenament it not contained in the | | |
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| (if not applicable, indicate N/A) | an amendment provides for an exchange, reclassification, or cancellation of issued shares, | |
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| The date of each amendment(s) adoption: | , if other than the |
| Effective date if applicable: | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necessarily document's effective date on the Department of State's records. | or 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(s) by the shareholders was/were sufficient for approval. | |
| The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for 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) | |
| | |
| The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. | |
| The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder | |
| action was not required. | |
| остовер 26, 2018 | |
| Dated /// | |
| I VIVI | |
| Signature By a director, president or other officer - if directors or officers have not been | - |
| selected, by an incorporator - if in the hands of a receiver, trustee, or other court | |
| appointed fiduciary by that fiduciary) | |
| MARIO A HEINSEN | |
| (Typed or printed name of person signing) | |
| PRESIDENT | |
| (Title of person signing) | |