P16000021393

(F	Requestor's Name)	
(A	Address)	
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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPOR	ATION: PRESTON BROOM	KS INC	
DOCUMENT NUMB	ER: P16000021393		
	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this mal	ter to the following:	
	IARRY P PLUMSTEAD		
-		Name of Contact Person	1
		Firm/ Company	
	6203 80TH AVENUE N		
		Address	
	PINELLAS PARK FL 33781		
•		City/ State and Zip Cod	e
TAXN	MAN6732@AOL.COM		
	E-mail address: (to be us	ed for future annual report	notification)
For further information	concerning this matter, pleas	e call:	
LARRY P PLUMSTE	AD	at (⁷²⁷	de & Daytime Telephone Number
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	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)
Ame Divis	ing Address Indiment Section It on of Corporations Box 6327	Amend Divisio	Address ment Section on of Corporations Building

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



PRESTON BROOKS INC

(Name of Corporation as cu	irrently filed with the Flori	da Dept. of State)	0.5,045
216000021393			*/
(Document Nur	nber of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, Florida Statute is Articles of Incorporation:	s, this <i>Florida Profit Corpor</i>	ration adopts the following ame	ndment(s) to
A. If amending name, enter the new name of the corporati	on:		
		The	new
name must be distinguishable and contain the word "corp" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevio	" or "Co". A professional	'incorporated" or the abbrevi corporation name must contai	ation n the
3. Enter new principal office address, if applicable:			
Principal office address <u>MUST BE A STREET ADDRESS</u>)			
			
			
C. Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		·	
D. If amending the registered agent and/or registered offic	ce address in Florida, enter	the name of the	
new registered agent and/or the new registered office a			
Name of New Registered Agent			
. (Flo.	rida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
iew Registered Agent's Signature, if changing Registered	A gent		
hereby accept the appointment as registered agent. I am fan	niliar with and accept the ob	ligations of the position.	
Signature of	New Registered Agent, if cha	ınging	
9	G	··o···a	

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> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	<u>SV</u> <u>Sally</u>	y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	VP	ASHLEY PLUMSTEAD	13405 BOCA CIEGA AVE
X Add	, 		MADERIA BEACH FL 33706
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			_
Remove			

<mark>If amending or adding ådditional Arti</mark> Attach additional sheets, if necessary).	(Be specific)
	•
7,44,41,41,41,41,41,41,41,41,41,41,41,41,	
· ···········	
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amer	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
	·
·	

03/01/2016	
The date of each amendment(s) adoption: date this document was signed.	, if other than the
. 03/01/16	
Effective date if applicable: (no more than 90 days after amena	ment file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	g requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes c by the shareholders was/were sufficient for approval.	ast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups must be separately provided for each voting group entitled to vote separately on	. The following statement the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for app	roval
by 2 VOTES	,,
by 2 VOTES (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	er action and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder ac action was not required.	tion and shareholder
Dated	
46)/	
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 receive appointed fiduciary by that fiduciary)	
LARRY P PLUMSTEAD	
(Typed or printed name of person sig	ning)
* PRESIDENT	
(Title of person signing)	