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TALLAHASSEE, FLORIDA

JUL 11 2018 S. YOUNG

COVER LETTER

Division of Corporations NAME OF CORPORATION: PERMIT CONCIERGE SOLUTIONS, INC DOCUMENT NUMBER: P16 0000 253 05 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: LAURA GAMBINO PERMIT CONCIERGE SOLLLTIONS
Firm/Company 4830 JEANETTE COURT ST. CLOUD FL 34771
City/ State and Zip Code E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: AURA GAMBIND at (561) 315.6595

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

Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

(Additional copy is

enclosed)

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Certified Copy (Additional Copy

is enclosed)

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation of

PERMIT CONCIERO	JE SOLUTIONS
	tly filed with the Florida Dept. of State)
P16 0000	25305
	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Core 4 Strategies, I name must be distinguishable and contain the word "corporate	7 C. The new
name must be distinguishable and contain the sword "corporating "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)	"Co". A professional corporation name must contain the
C. Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	N/A (stays same)
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	
Name of New Registered Agent N/F	
New Registered Office Address: (Florida s	(City) Florida (City) (City) (City) (City)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian	
N/A Signature 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 Doc	
X Remove	Y	Mike Jones	
X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Address</u>
1) Change		N/A	
Add			
Remove		. ()	
2) Change		N/A	
Add			
Remove			
3) Change		N/A	\$**R\$** 4
Add			
Remove			
4) Change		N/A	
Add			
Remove			
5) Change	.	N/A	
Add			
Remove			
6) Change		N/X	
Add		(
Remove			

Attach additional sheets, if necessary). (Be specifically additional sheets)	ìc)
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	N/A
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6 d	
f an amendment provides for an exchange, reclast provisions for implementing the amendment if n	ot contained in the amendment itself:
(iCont maliantia indianta Al/4)	
(ij noi applicable, inalcale N/A)	
(if not applicable, indicate N/A)	\
(y noi applicable, indicale N/A)	NA
(y noi applicaole, inalcale N/A)	NA
(ij noi appiicaoie, inaicate N/A)	N/A
(у пог аррисаоге, таксие N/A)	N/A
(у пог аррисаоге, таксие млл)	N/A
(1) пог аррисаоге, таксие N/A)	N/A
(у погаррисавіе, іпаісате між)	N/A
(у пог аррисавіе, іпаісаце N/A)	N/A
(у пог аррисаоте, таксите мля)	N/A
(1) пог аррисаоте, таксите N/A)	N/A

The date of each amendment(s) adoption: _ date this document was signed.	June	26,2018	· ·	, if other than the
Effective date if applicable:	June	26,2018 O days after amendme	8	
	(no more than 9	0 days äfter amendme	nt file date)	
Note: If the date inserted in this block does document's effective date on the Department of	not meet the applic f State's records.	cable statutory filing r	equirements, this date will	not be listed as the
Adoption of Amendment(s) (C	HECK ONE)			
☐ The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	shareholders. The approval.	number of votes cast	for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	ne shareholders thro g group entitled to	ough voting groups. The vote separately on the	he following statement amendment(s):	
"The number of votes cast for the ame	endment(s) was/wer	e sufficient for approv	al	
by			**	
by(va	ting group)		 '	
☐ The amendment(s) was/were adopted by the action was not required. ☐ The amendment(s) was/were adopted by the action was not required.				
Dated $6/27$	/18			
Signature (By a director, pre-	sident or other office	er – if directors or offi	icers have not been	_
selected, by an inc	orporator + if in the	hands of a receiver, to	rustee, or other court	
appointed fiduciar	y by that fiduciary)			
	LAURA	GAMBI	GN	
	(Typed or printed n	ame of person signing	3)	
	Presid	lent/On	Iner	
	(Title o	f nerson vienine)	•	_