## P160000 33999

(Requestor's Name)
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(Business Entity Name)
(Document Number)
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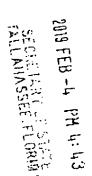
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## **COVER LETTER**

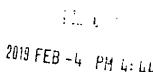
**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PALM BEACH F	PERGOLA CORPORATION			
DOCUMENT NUMBER: P16000033999				
The enclosed Articles of Amendment and fee are s	ubmitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
E. JACK DUNCAN				
	Name of Contact Persor			
PALM BEACH PERGOLA	PALM BEACH PERGOLA CORPORATION			
<del></del>	Firm/ Company	-		
503 SW 6TH AVE				
	Address	-		
HALLANDALE, FL 33009	1			
	City/ State and Zip Code			
jakd@iles.net		•		
	used for future annual report	notification)		
·	•	•		
For further information concerning this matter, plea	ase call:			
ELIZABETH A. CHULOCK	at (	253-9465 de & Daytime Telephone Number		
Name of Contact Person	lame of Contact Person Area Code & Daytime Telephone			
Enclosed is a check for the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$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	Amend Divisio	Address ment Section on of Corporations		
P.O. Box 6327 Tallahassee, FL 32314				

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

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PALM BEACH PERGOLA CORPORATION	2019 FEB -4 PM 4:44
(Name of Corporation	as currently filed with the Florida Debt of State)
P16000033999	as currently filed with the Florida Dept of State of Stat
(Documer	nt Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida S its Articles of Incorporation:	statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corn	oration:
	The _new
	"corporation." "company," or "incorporated" or the abbreviation "Inc," or "Co". A professional corporation name must contain the breviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDR</u>	ESS)
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	503 SW 6TH AVE
	HALLANDALE, FL 33000
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. I describe the appointment as registered agent.	tered Agent: am familiar with and accept the obligations of the position.
Signati	ure 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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1)Change	PT	ELIZABETH A. CHULOCK	503 SW 6TH AVE
X Add			HALLANDALE, FL 33009
Remove			
2) Change		ROBERT MCALLISTER	503 SW 6TH AVE
Add			HALLANDALE, FL 33009
X Remove			
3)Change			
Add			-
Remove			
4)Chunge			
Add			
Remove			
5) Change			
Add			
Remove			
б) Change			
Add			
			<del></del>
Remove			

	dding additional Art I sheets, if necessary).	(Be specific)				
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provisions for it	t provides for an exc mplementing the ame cable, indicate N/A)	hange, reclassific endment if not co	ation, or cancell entained in the an	ation of issued sh mendment itself:	are <u>s.</u>	
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The date of each amendment(s) a date this document was signed.	doption:	if other than the
•		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	l not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):	
"The number of votes cas	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
☐ The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
01/25/201 Dated Signature	of the state of th	
(By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other count need fiduciary by that fiduciary)	_
	ELIZABETH A. CHULOCK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	