## P16000100139

(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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## COVER LETTER

Division of Corporations

NAME OF CORPORATION:

PI TWO INC

DOCUMENT NUMBER:

P16000100129

The enclosed Articles of Amendment and fee are submitted for filling.

Please return all correspondence concerning this matter to the following:

KAJAL PATEL

Name of Contact Person

Firm/ Company

320S HEARTLEAF AVE WEST

Address

PANAMA CITY, FL 3240S

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please caft:

Name of Centact Person

Area Code & Daytime Telephone N

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

Certificate of Status

(Additional copy is certified Copy (Additional Copy (Additional Copy))

Mailing Address
Amendment Section
Division of Corporations
P.O. Bex 6327
Tallahassee, FL 32314

TO: Amendment Section

KAJAL PATEL

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tailahassee, FL 32301

is enclosed)

## Articles of Amendment to Articles of Incorporation of

PJ TWO INC					
(Name of Corporat	ion as currently file	ed with the Florida	Dept. of State)		
216000100129					
(Docu	nient Number of Co	rporation (if known)			
cursuant to the provisions of section 607.1006, Florid is Articles of Incorporation:	la Statutes, this Flor	ida Profit Corporat	ion adopts the folio	wing amend	linent(s)
. If amending name, enter the new name of the c	orporation:				
				The 1	nate:
come must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association." or the	p, " "Inc," or "Co"	A professional of		ie abbreviai	tton
3. Enter new principal office address, if applicable			····		_
Principal office address <u>MUST BE A STREET AD</u>	<u>DRESS</u> )				
	_				_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>OX</u> 1				_
	-				_
). If amending the registered agent and/or regist	- ered office address	in Florida, enter t	he name of the		
new registered agent and/or the new registered			7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	,	 .:5
Name of New Registered Agent					o m
			<u> </u>		লৈ
	(Florida street e	uddress)		<del></del>	
Vm. Projector J. Office. ( Lieure)			. Florida		~; <u>;</u>
New Rogistered Office Address:	rCu	(y)	Pionida	(Zip Code)	75
					_1
					•
New Registered Agent's Signature, if changing Re			tar saturus sud alaus sa suit	ei	
I hereby accept the appointment as registered agent	i am jamiliar wili	і апа сесері іпе обі.	igations of the post	.10# <b>?</b>	
Sic	enature of New Regi	istered Agent, if cha	nging		

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 Dos	
$\underline{X}$ Remove	<u>V</u>	Mike Jones	
<u>X</u> Ada	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	NRLESH PATEL	4100 US 98
Add			PANAMA CITY , FL 32405
X Remove			
2) Change	P	KAJAL PATEL	3205 HEARTLEAF AVE W
X Add			PANAMA CITY, FL 32405
Remove			
3)Change			
Add			
Remove			
4)Change			
Add			
Remove			
51 Change			
Add			
Remove			
6) Change	<del>-11</del>		
Add			
Remove			

Attach additional sheets, if necessary,	(Be specific)			
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1400				
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If an amendment provides for an exc	nange, reclassification	on, or cancellatio	on of issued share	.s.
provisions for implementing the ame	ndment if not conta	ined in the amer	idment itself:	
(If not applicable, indicate N/4)				
<u> </u>			····	
		<del></del>		
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The date of each amendment(s):	doption:	if other than the
date this document was signed.	AND AND A SALE	
Di Effective date <u>if applicable</u> :	CEMBER 6, 2018	
The same appropriate	inc more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this separment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were as by the shareholders was/were	topted by the shareholders. The number of votes east for the amendment fufficient for approval.	nt(s)
	proved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s).	rnent
	it for the amendment(s) was/were sufficient for approval	
άγ	(voting group)	
	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
Dated	12/10/18	
Signature	director, president or other officer - if directors or officers have not be	
selec	director, president or other officer – if directors or officers have not be ted, by an incorporator – if in the hands of a receiver, trustee, or other c inted fiduciary by that fiduciary)	
	KAJAL PATEL	
	(Typed or printed name of person signing)	
	P. Jod Jaki	
	(Title of person signing)	