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Amend Mame

MAY 02 2017 ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
NAME OF CORPORATION: Phone Coaches, INC.				
DOCUMENT NUMBER: <u>P170000 34799</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARCO GARCIA				
Phone Coaches, INC.				
7410 South Cypresshead Drive				
Parkland, FL 33067 City/State and Zip Code				
garciamarco 089 @gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
MARCO GARCIA a1, 954, 263-2286				
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 Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

## Articles of Amendment to

Artic	cles of Incorporation	
Phone Coa	ches, INC.	
(Name of Corporation as	s currently filed with the Florida De	pt. of State)
1110000	<u> </u>	
(Document P	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	utes, this Florida Profit Corporation	adopts the following amendment(s)
A. If amending name, enter the new name of the corpor	ation:	
name must be distinguishable and contain the word "co" "Corp.," "Inc.," or Co.," or the designation "Corp.," "In	orporation," "company," or "incor, nc," or "Co". A professional corpo	The new porated" or the abbreviation ration name must contain the
word "chartered," "professional association," or the abbre	eviation "P.A."	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>S</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		POLITAPR 28 PH 12: C SECRE LATY OF STATE TALL ANASSEE FLOR
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office		me of the
Name of New Registered Agent		
	Florida street address)	
	, , , , , , , , , , , , , , , , , , ,	
New Registered Office Address:	(City)	_, Florida (Zip Code)
	` ,,	(,
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent. I am j	jumiliar with and accept the obligatio	ns of the position.
<u> </u>		
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 Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1)Change	0	Kelvin Octiz	1424 NW 159th AVE Pembroke Pines, FL 3302
X_Add			Pembroke Pines, FL 3302
Remove			
2) Change	<del> </del>		
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change	<del></del>		MA DAG FOLIA OLIVINI
Add			
Remove			
6) Change			
Add			
Remove			

If 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)	If amending or adding additional (Attach additional sheets, if necess)	ary). (Be specific	)			
provisions for implementing the amendment if not contained in the amendment itself:						
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	if not applicable, indicate N	: amendment if not (A)	t contained in the	amendment itself:	_	
	(3	,				
					<u> </u>	
					,	

The date of each amendment(s) adoption	i: <u>April )</u>	14th 2	5017	, if other than the
date this document was signed.  Effective date if applicable:	April 24 (no more than 9	+th 2 90 days after am	endment file date	)
Note: If the date inserted in this block dodocument's effective date on the Departme		cable statutory t	filing requirement	ts, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were adopted by by the shareholders was/were sufficient	y the shareholders. The for approval.	e number of vote	es cast for the amo	endment(s)
☐ The amendment(s) was/were approved must be separately provided for each v	by the shareholders threating group entitled to	ough voting gro vote separately	ups. The following on the amendment	ng statement nt(s):
"The number of votes cast for the	amendment(s) was/we	re sufficient for	approval	
by			·**	
	(voting group)			
The amendment(s) was/were adopted by action was not required.	y the board of directors	s without shareho	older action and s	hareholder
☐ The amendment(s) was/were adopted by action was not required.	y the incorporators with	hout shareholder	r action and share	holder
Dated04 -	24 - 17	— //	ly	
selected, by a	president or other offinite incorporator — if in the iciary by that fiduciary	ne hands of a rec	s or officers have civer, trustee, or	not been other court
	(Typed or printed	MA4	RCO signing)	GARCIA
	(Typea of printed	Pre	siden	+
	(Title	of person signir	ng)	