

**Division of Corporations** Electronic Filing Cover Sheet

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PHONEJUNKY CORP.

Certificate of Status	0
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Estimated Charge	\$43.75

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Corporate Filing Menu

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: PHONEJUNK	Y CORP.
DOCUMENT NUMBER: P17000064380	
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following
Cheyenne Moseley	
LegalZoom.com, Inc.	Name of Contact Person
	Firm/ Company
101 N. Brand Blvd., 11	h Floor
	Address
Glendale, CA 91203	
	City/ State and Zip Code
Salerep@aol.com	
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, p	tease call:
Cheyenne Moseley	at (800) 773-0888 ext. 9724
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount ma	 de payable to the Florida Department of State; 
S35 Filing Fee S43 75 Filing Fee & Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address  Amendment Section  Division of Corporations  Clifton Building  2601 Executive Center Circle  Tallahassee, FL 32301

O:	Page	4	Of.	7

9/8/2017 2:48:55 PM PDT

3289624300 From: Amanda Sando
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		17 SEP 13 AM 7: 5	
		13 AT 7:5	1
	Articles of Am	endment AHASSEE FRAMI	Gr La
	to Articles of Income of		<b>'</b> 'N
	PHONEJUNK	CORP.	
(Name of Corporation as cu	rently filed with the Flo	rida Dept. of State)	
	P1700006	4380	
(Document N	umber of Corporation (if)	chown)	
Pursuant to the provisions of section 607.100 its Articles of Incorporation:	6, Florida Statutes, this Fi	lorida Profit Corporation adopts the following am	endment(s) to
A. If amending name, enter the new name	of the corporation:		
		The	new
	n "Corp," "Inc," or "C	" "company," or "incorporated" or the abbre o". A professional corporation name must conta.  A."	
B. Enter new principal office address, if a (Principal office address MUST BE A STRE	+;	5540 Lakeside Dr., Unit 203	
C. Enter new mailing address, if applicab (Mailing address MAX BE A POST OF)		Margate, FL 33063  5540 Lakeside Dr., Unit 203	
(maining adures) <u>mak pli a foot or f</u>		Margate, FL 33063	
D. If amending the registered agent and/o new registered agent and/or the new re		sa in Florida, enter the name of the	
Name of New Registered Agent	Claudia toss	and	
55	540 Lakeside Dr., Unit 2		
	(Florida stree	,	
New Registered Office Address: Ma	argate	Florida 33063	
	(City)	(Zip Code)	
New Registered Avent's Stansture, If chan I hereby accept the appointment as registeres	ging Registered Agent; progent. I am familiar wi	th and accept the obligations of the position.	

Signature of New Registered Agent, if changing

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6) \_\_\_\_ Change \_\_\_\_ Add \_\_\_\_ Remove

	+		
			name of each officer/director being removed and title, nam
		Director being added:	
(Attach additional she	eis, y neces Adirector ti	sary) le by the first letter of the office i	iida:
P = President; V = V	ice Presider	$t_i$ : $T = Treasurer$ : $S = Secretary$ :	D= Director; TR= Trustee; C = Chairman or Clerk; CEO :
Executive Officer; CI	O - Chief	Financial Officer. If an officer	director holds more than one title, list the first letter of each
held. President, Treas			es a brook of more taken to a brook of the
Changes should be no	oted in the f	ollowing manner. Currently John	n Doe is listed as the PST and Mike Jones ts listed as the V. 1 d the V and S. These should be noted as John Doe, PT as a C
		lly Smith, SV as an Add.	a ins 7 and a. These should be noted as some boe, 1 7 as a c
Example:	,		
X Change	PT	John Dog	
X Remove	<u>v</u>	 Mike Jones	
_X Add	<u>sv</u>		
Type of Action	<u>Title</u>	Ų_	Address
(Check One)	7 (7) 5	Name	<u> </u>
1) X Change	PD	Ciaudia Poissant	5540 Lakeside Dr., Unit 203
Add			Margate, FL 33063
Remove			
Kensove		\\	
2) X Change	TS	Claudia Poissant	5540 Lakeside Dr., Unit 203
Add			Margate, Fl. 33063
Remove			
3) Change			
Add			
<del></del>			
Remove			
4) Change		_	
Add			
Remove			
<del></del> -			
		1	
5) Change			
5) Change Add			

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If amending or adding additional Artic (Attach additional sheets, if necessary).	es, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
	<u>                                     </u>
	<u>                                     </u>
	<u>                                     </u>
	  1
<u> </u>	
If an amendment provides for an excha- provisions for implementing the amend	nge, reclassification, or cancellation of issued shares, dipent if not contained in the amendment itself;
(if not applicable, indicate N/A)	
	11
	<u> </u>
	<u>                                     </u>
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13239628300 From: Amanda Sando

The date of each amendment(s) adoption:	8/21/2017	, if other than the
date this document was signed.		•
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by	the shareholders. The number of votes cast for the amendment(s)	
by the shareholders was/were sufficient		
The amendment(s) was/were approved b	y the shareholders through voting groups. The following statement	
must be separately provided for each vo	ting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the a	  mendment(s) was/were sufficient for approval	
by	(voting group)	
•	1	
In The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder	
•	<b>₩</b>	
Li The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and shareholder	
Dated 8/30//	1	
$\mathcal{L}$		
Signature (Page discourse)	oresident or other officer – if directors or officers have not been	
	incorporator – if in the hands of a receiver, trustee, or other court	
appointed fidux	iary by that fiduciary)	
	Claudia Poissant	
<del></del> -	(Typed or printed name of person signing)	
	President   (Title of person signing)	•
	(Time of person signing)	
	1	