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APR 10 009 T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PREMIERE FINA	NCIAL SERV	ICES OF V	WESTERN PALM BEACH
DOCUMENT NUMI	BER:			
The enclosed Articles	of Amendment and fee are su	ibmitted for tilir	າg.	
Please return all corre	spondence concerning this ma	tter to the follow	wing:	
	JULTAVIOUS OSBORNE			
		Name of Co	ntact Perso	n
	PREMIERE FINANCIAL S	ERVICES OF	WESTER	N PALM BEACH COUNTY INC
		Firm/ C	ompany	
	145 HARRELLE DR			
		Add	lress	
	SOUTH BAY FL 33493			
		City/ State a	nd Zip Cod	e
OSB	ORNEJULTAVIOUS@GM/	AIL.COM		
	E-mail address: (to be us	sed for future ar	mual report	notification)
For further informatio	n concerning this matter, pleas	se call:		
JULTAVIOUS OSBORNE		at (561	449-9090
Name of Contact Person		·		de & Daytime Telephone Number
inclosed is a check fo	r the following amount made	payable to the F	Torida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Fili Certified C (Additional enclosed)	ору	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address				Address
Amendment Section				Iment Section
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building		•		
Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

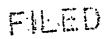
Articles of Amendment

to

Articles of Incorporation

αſ

PREMIERE FINANCIAL SERVICES OF WESTERN PALM BEACH COUNTY INC



(Name of Corporation as co	urrently filed with the Florida Dept. of State) 2819 AFR - 1 P 4: 41
(Document Nu	imber of Corporation (if known) TALL ANASSEE, FLORIDA
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporate	ion:
	poration," "company," or "incorporated" or the abbreviation "," or "Co". A professional corporation name must contain the lation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P O BOX 234
	SOUTH BAY FL 33493
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
(Fla	orida street address)
New Registered Office Address:	, Florida
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fa	<u>Agent:</u> miliar with and accept the obligations of the position.
Signature of	f 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: <u>X</u> Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	$\underline{\mathbf{V}}$	Mike Je	ones .	
<u>X</u> Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	٧		CULLEN CROMER	235 SW 7TH AVE
X Add		_	-	SOUTH BAY FL. 33493
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) ad-	option:Manch 27th 2019	if other than the
date this document was signed.	phion	
MAR	CH 27TH 2019	
Effective date <u>if applicable</u> :	t 00 t f f f f	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bl document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date wipartment of State's records.	Il not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) Tielent for approval.	
☐ The amendment(s) was/were appromust be separately provided for e	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
	or the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
action was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder	
MARCH 27	7TH 2010	
Dated		
Signature	Elterne Osliane	
	rector, president or other officer - if directors or officers have not been	
	I, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
•••		
,	JULTAVIOUS OSBORNE	
•	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	