10/27/2020 Division of Corporations

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Division of Corporations

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From:

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Email Address: Mcollins 0817 @ icloud.com

(1)

COR AMND/RESTATE/CORRECT OR O/D RESIGN PERFORMANCE SCREENING INC

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: PERFORMANCE SCREENING INC DOCUMENT NUMBER: P17000084458 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MICHAEL COLLINS Name of Contact Person Firm/ Company 102 EDGEWATER DR Address ST CLOUD, FL 34769 City/ State and Zip Code MCOLLINS0817@ICLOUD.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MICHAEL COLLINS 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 **□\$43.75** Filing Fee & ☐\$43.75 Filing Fee &: □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303

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Articles of Amendment to Articles of Incorporation of

PERFORMANCE SCREENING INC.	
(Name of Corporation as curr	rently filed with the Florida Dept. of State)
Pi7000084453	
(Document Numb	oer of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this Florida Profit Corporation adopts the following amendment(s) to
A. <u>If amending name</u> , enter the new name of the corporation N/A	n: The new
name must be distinguishable and contain the word "corporation," Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	," "company," or "incorporated" or the abbreviation "Corp.," ". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A
,	
	₹
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A S T
	121 [
D. If amending the registered agent and/or registered office and registered agent and/or the new registered office add	
Name of New Registered Agent N/A	
(Florid	du street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agented Agent's Proposition of the Agent's Registered agent. I am family	
т негеоў ассері іне арроінітелі аз гедізіегей адені. Тані зата	aur wun una accept the obligations of the position.
Signature of Na	ew Registered Agent, if changing
Check if applicable	

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

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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	$\underline{\mathbf{v}}$	Mike Jones	
_X Add	<u>şv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change	VP	GEORGE W PRIMM	102 EDGEWATER DR
Add			ST CLOUD, FL 34769
Remove	\$ 	BRETT M COLLINS	102 EDGEWATER DR
Add X Remove			ST CLOUD, FL 34769
3) Change Add			
Remove 4) Change			
Add			
5) Change Add		_	
Remove 6) Change			
Add Remove			

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E. If amending or adding additional Arti (Attach additional sheets, if necessary).	cles, enter change	e(s) here:			
N/A	(be speedily				
N/A	· · · · · · · · · · · · · · · · · · ·				
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·					
				<u> </u>	
		 			
					
			•		
					
F. If an amendment provides for an exch	ange, reclassifica	tion, or cancella	tion of issued sha	ires.	
provisions for implementing the ame	ndment if not cor	tained in the am	endment itself:		
(if not applicable, indicate N/A)					
N/A					
					
					. <u>.</u> .

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		10/26/2020		
The date of eac date this docum	ch amendment(s) ado ient was sign e d.	otion:		, if other than the
Effective date i	if applicable:			
		(no more than 90 days a	fter amendment file date)	
Note: If the da document's effe	ate inserted in this blocective date on the Depa	k does not meet the applicable sta	ntutory filing requirements, this date wil	l not be listed as the
Adoption of Amendment(s) (CHECK ONE)				
The amendm	nent(s) was/wore adopt ot required.	ed by the incorporators, or board of	directors without shareholder action and	l shareholder
The amendm by the share	nent(s) was/were adopt holders was/were suffi	ed by the shareholders. The number	r of votes east for the amendment(s)	
The amendm	nent(s) was/were appro arately provided for ea	ved by the shareholders through vot th voting group entitled to vote sept	ting groups. The following statement arately on the amendment(s):	
'The n	umber of votes cast fo	the amendment(s) was/were suffic	ient for approval	
by <u></u>			"n	
		(voting group)		
	10/26/2020 Dated			
	Signature	A-		
	selec te d, l	tor, president or other officer – if d y an incorporator – if in the hands of fiduciary by that fiduciary)	irectors or officers have not been of a receiver, trustee, or other court	_
	М	CHAEL W COLLINS		
	_	(Typed or printed name of	person signing)	
	PI	ESIDENT		
	-	(Title of person signing)		