## P19000014099

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DATE:

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NAME:

PRIVACY MANAGEMENT GROUP, INC

TYPE OF FILING: AMENDMENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Privacy Manageme	ent Group, Inc.	
DOCUMENT NUMB	ER: P19000014099		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	William R. Eilers		
•		Name of Contact Persor	1
	Eilers Law Group, P.A.		
•	<u> </u>	Firm/ Company	
	149 S. Lexington Ave		
		Address	
	Asheville, North Carolina 28	801	
•		City/ State and Zip Code	e
wreile	ers@eilerslawgroup.com		
<del></del>	• • •	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
William R. Eilers		786	273-9152
		de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ameno Divisio Clifton	Address  Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Privacy Management Group, Inc.		
(Name of Corporation as currer	tly filed with the Florida Dept. of	State)
P19000014099		
(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	is Florida Profit Corporation adopts	s the following amendm
A. If amending name, enter the new name of the corporation:		
N/A		The nev
name must be distinguishable and contain the word "corporat" "Corp" "Inc.," or Co.," or the designation "Corp." "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation	ed" or the abbreviatio n name must contain th
B. Enter new principal office address, if applicable:	1333 S. University Dr.	
(Principal office address MUST BE A STREET ADDRESS)	#202	5
	Plantation, FL 33324	<u>.</u>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1333 S. University Dr.	17
(maning anaress in the property of the second	#202	- 7
	Plantation, FL 33324	- 0
D. If amending the registered agent and/or registered office at new registered agent and/or the new registered office address.  N/A	ddress in Florida, enter the name o	of the
Name of New Registered Agent		
(Florida	street address)	
New Registered Office Address:	, FI	orida
HEW NEGISTER CONTECT PROGRESS.	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am familia	ur with and accept the obligations of	the position.
Signature of New	v Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, nar 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 Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each 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. 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 Wike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
X	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	PD	Christian Workert	1333 S. University Dr.
Add			#202
Remove			Plantation, FL 33324
2) X Change	SD	Michael Henri Ferentinos	1333 S. University Dr.
			#202
Add Remove			Plantation, FL 33324
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	dditional sheets, if necessary). (Be specific)
N/A	
. <u>If an</u>	nendment provides for an exchange, reclassification, or cancellation of issued shares,
pro	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
N/A	

The date of each amendment(s) adoption:	, if other
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the document's effective date on the Department of State's records.	nis date will not be list
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	nent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following standard be separately provided for each voting group entitled to vote separately on the amendment(s).	alement :
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and share action was not required.	holder
The amendment(s) was/were adopted by the incorporators without shareholder action and sharehold action was not required.	er
10/15/20 9 Dated	
Signature hun him or	<del>.</del>
(By a thrector, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
MICHAEL H. FERENTINO	22
(Typed or printed name of person signing)	
DIRECTOR	<del></del>
(Title of person signing)	