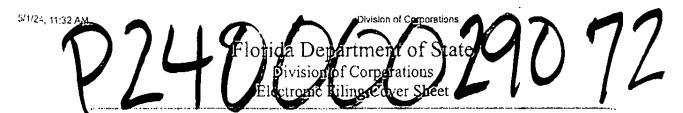
To:



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Division of Corporations

Fax Number : (850)617-6380

From:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN PETTIGREW FINANTIAL INC

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		COVER LETTER	
TO: Amendment Se Division of Cer			
NAME OF CORPO	DRATION: PETTIGREW FIN	ANTIAL INC	
DOCUMENT NUN	1BER: P24000029072		
	rs of Amendment and fee are st		
Please return all corr	espondence concerning this me	atter to the following:	
	ED KOTLER		
	,	Name of Contact Perso	10
	TAX ZONE INC		
		Firm/ Company	
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		Address	
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	Temail address: (to be u	sed for future annual repor	t notification)
For further informati	on concerning this matter, plea	se call:	
ED KOTLER		407	, 8883131
Name	of Contact Person	Area Co) 8883131 ode & Daytime Telephone Number
Enclosed is a check t	for the following amount made	payable to the Florida Dep	partment of State:
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An Dir P.C	nendment Section vision of Corporations). Box 6327 Hahassee, FL 32314	Amen Divisi The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment to Articles of Incorporation of

PETTIGREW FINANTIAL INC	
(Name of Corporation a	as currently filed with the Florida Dept. of State)
P24000029072	
(Document	it Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statistics Acticles of Incorporation:	satutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration;
PETTIGREW FINANCIAL INC	The new
name must be distinguishable and contain the word "corpe "Inc.," or Co" or the designation "Corp." "Inc." or "chartered," "professional association," or the abbrevia	oration," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE	<u>ESSS</u>)
	White the state of
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)	
	The state of the s
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi	office address in Florida, enter the name of the jee address:
Name of New Registered Agent	
to page - constitution that a desirable	(Florida street address)
New Registered Office Address:	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent:
I hereby accept the appointment as registered agent. I ar	m familiar with and accept the obligations of the position.
Signatur	re of New Registered Agent, if changing
Check if applicable The amendment(s) is/are being filed pursuant to s. 607	7.0120 (11) (c), F.S.

To:

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 Doc	
X Remove	Y	Mike Junes	
X Adc	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	Name	Address
1) Change			
Add			
Келичо			
2) Change	**********	And the state of t	Windows Services and the services are the services and the services and the services and the services are the services and the services and the services are th
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numendment provides for an envisions for implementing the a (if not applicable, indicate N/A)	mendment if not contain	or cancellation of issued in the amendment	ued shares. itself:	
	,			
		we will distribute the same of		
			······································	
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The date of each amendment(s) adoption:, if other that date this document was signed.	in the
Effective date if applicable:	
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, this date will not be listed a document's effective date on the Department of State's records.	as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action was not required.	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
LJ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes east for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
Signature (By a director, president or other officers of officers have not been	
scheded, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
P	
(Title of person signing)	