

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Spoke with Diane Considere  Considered to Spirore Corrections  on 1/2a/18 to Spirore Corrections  for officer/Director Detail.
SI

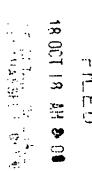
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION	ON: PONDAP	PLE DEVEL	OPMENT, INC.
DOCUMENT NUMBER:	P930	0000 8426	
The enclosed Articles of Am	endment and fee are su	bmitted for filing.	
Please return all corresponde	ence concerning this ma	tter to the following:	
	DIAME	M. COURC	HENE
	PONDA	APPLE DEV Firm/ Company	IELOPMENT, INC.
	790	ANDREWS A	WENLE - 6302
	DELR	AY BEACH City/ State and Zip Code	FL 33483
	dem E-mail address: (to be us	by the bay @ ged for future annual report	a mail, com
For further information conc	erning this matter, pleas	se call:	
DIANE M.	COURCHEN	18 at ( 850	855-7076 de & Daytime Telephone Number
Enclosed is a check for the f			
			_
\$35 Filing Fee E	3\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	ddress	Street	Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation of

PONDAPPLE DEVELOPMENT, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
P9300000 8424
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
N/A- The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  DELRAY BEACH, FL 33483
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  790 ANDREWS AVENUE - G 30  DELPAY BEACH, FL 33483
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:
Name of New Registered Agent DIANE M. COURCHENE
790 ANDREWS AVENUE - G302 (Florida street address)
New Registered Office Address: DELRAY BEACH PL Florida 33483 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
Diane M. Cleurchene
Signature of 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: X Change	PT	John Doe			
X Remove	<u>v</u>	Mike Jones			
X Add	<u>sv</u>	Sally Smith			
Type of Action (Check One)	Title	Name		<u>Addres</u> s	
1) Change		•	_		
Add	•			-	
Remove				· .	
2) Change Add Remove	D, P, S,	I DIANE	M. COURCHENS	G.30Z DELRAY BEACH	
3) Change		<del></del>	<del></del>		<i>,</i>
Remove					
4) Change					
Remove					
5) Change					
Remove					
6) Change					
Remove					

Attach additional sheets, if necessary).	(Be specific)
	N/A-
<del> </del>	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	nument if not contained in the amendment fisen.
	N/A
	10 11
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The date of each amendment(s) adoption:date this document was signed.	N/A-	, if other than the
Effective date <u>if applicable:</u>		
(n	no more than 90 days after amendment file o	date)
Note: If the date inserted in this block does not n document's effective date on the Department of State		nents, this date will not be listed as the
Adoption of Amendment(s) (CHEC	CK ONE)	
The amendment(s) was/were adopted by the share by the shareholders was/were sufficient for appropriate the shareholders was/were sufficient for approximation.		amendment(s)
☐ The amendment(s) was/were approved by the sha must be separately provided for each voting gro		
"The number of votes cast for the amendment	nent(s) was/were sufficient for approval	
by(voting	,,,	
(voting	group)	
The amendment(s) was/were adopted by the boar action was not required.	ard of directors without shareholder action a	nd shareholder
☐ The amendment(s) was/were adopted by the inco- action was not required.	orporators without shareholder action and sh	areholder
Dated	-/18	
Signature Jan	u. M. Couchene	
	nt or other officer - if directors or officers ha	
selected, by an incorpo appointed fiduciary by	orator – if/in the hands of a receiver, trustee, that fiduciary)	or other court
,,	•	
	EM. COURCHEN	JE
(Тур	ped or printed name of person signing)	
PRES	DENT	
	(Title of person signing)	