

08/14/2029 03:28

#4135 P.001/004

<https://efile.sunbiz.org/scripts/efilcovr.exe>

P93600011418

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000239937 3)))



H110002399373ABC2

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

FILED  
11 OCT -3 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
P.A. INVESTORS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED

11 OCT -3 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/1/11

Electronic Filing Menu

Corporate Filing Menu

Help

H 1 1 0 0 0 2 3 9 9 3 7

Articles of Amendment  
to  
Articles of Incorporation  
of

P.A. INVESTORS CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P93000011418

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

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**)

2430 N 61ST AVENUE

HOLLYWOOD FL 33024

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

**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:

New Registered Office Address:

(Florida street address)

(City)

Florida  
(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.

Signature of New Registered Agent, if changing

H 1 1 0 0 0 2 3 9 9 3 7

FILED  
11 OCT -3 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H11000239937

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>V</u>	<u>GUERRA LEYVA, ROSMIG</u>	<u>3840 NW 94 AVE COOPER CITY</u> <u>FL 33024</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:  
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  
(if not applicable, indicate N/A)

H11000239937

