P950000089734

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TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: PBOC, Inc.		
	BER: P95000089734		
	of Amendment and fee are st	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Brad Bleefeld		
		Name of Contact Perso	n
	PBOC. Inc.		
		Firm/ Company	
	777 S. Flagler Dr., Suite 600	• •	
		Address	
	West Palm Beach, FL 33401		
		City/ State and Zip Cod	(*
			•
ap@t	penchcap.net		
	ts-mail address: (to be u	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Brad Bleefeld		at (561	514-3910 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, F1, 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

PBOC, Inc.					
(Name of Corpora	tion as currently	filed with the Florida	Dept. of State)		
P95000089734					
(Doct	ument Number of	Corporation (if known)			
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this F	lorida Profit Corporat	tion adopts the follo	wing amendme	int(s)
A. If amending name, enter the new name of the	corporation:				
N/A				The new	, ,
name must be distinguishable and contain the wa "Corp.," "Inc.," or Co.," or the designation "Cor word "chartered," "professional association," or th	rp, " "Inc, " or "C	lo". A professional co		e abbreviation	1
B. Enter new principal office address, if applicable thrincipal office address MUST BE A STREET AL		N/A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(<u>OX</u>)	N/A	SECRE AWASSEE	2018 HAY 21 P	E E
D. If amending the registered agent and/or regist new registered agent and/or the new registered	ered office addre d office address:	ess in Florida, enter th	e name of the	STATE OF STATE	O
Name of New Registered Agent N/A		<u> </u>			
	(Florida stree	et address)	<u></u>	<u></u>	
New Registered Office Address:		City)	Florida	Zip Codei	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.	egistered Agent:				
	matura of M.s. D.	gistared Scout if alone			

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 Doc 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 Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Joseph Greenfield	130 Sunrise Ave. #203
Add X Remove			Palm Beach, FL 33480
2) Change	D	Edith Greenfield	130 Sunrise Ave., #203
XAdd			Palm Beach, FL 33480
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change	—	- .	
Add			
Remove			

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

The date of each amendment(s) adoption	on:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		· · · · ·
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Departn	does not meet the applicable statutory filing requirements, the nent of State's records.	is date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted by the shareholders was/were sufficie	by the shareholders. The number of votes cast for the amendm nt for approval.	ent(s)
	d by the shareholders through voting groups. The following state voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for th	e amendment(s) was/were sufficient for approval	
by		
	(voting group)	
☐ The amendment(s) was/were adopted action was not required.	by the board of directors without shareholder action and sharel	nolder
The amendment(s) was/were adopted action was not required.	by the incorporators without shareholder action and shareholde	τ
Dated_ May	8, 2018	
Signature M	d blusfeld	
(By a directo selected, by :	or, president or other officer – if directors or officers have not be an incorporator – if in the hands of a receiver, trustee, or other duciary by that fiduciary)	
Brad	Bleefeld	
	(Typed or printed name of person signing)	
Vice	President	
	(Title of person signing)	