# P99000106895

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TALLAHASSEE, FLORIN,

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#### **COVER LETTER**

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORATION:	PRIVATE ADMINISTRATION, INC.
	Policinal Reservation
DOCUMENT NUMBER:	P99000106895
The enclosed Articles of Amendment a	and fee are submitted for filing.
Please return all correspondence conce	rning this matter to the following:
	FELIX R. FUERTES
	Name of Contact Person
PF	RIVATE ADMINISTRATION INC,.
	Firm/ Company
man de la companya de	4200 SANTA MARIA STREET
	Address
	CORAL GABLES, FL 33146
	City/ State and Zip Code
E-mail address:	picsinc1@aol.com (to be used for future annual report notification)
For further information concerning this	s matter, please call:
Felix R. Fuertes	at ( 305 ) 790-1176
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following a	mount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee Certificate of Sta	
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle



May 14, 2009

FELIX FUERTES 4200 SANTA MARIA STREET CORAL GABLES, FL 33146

SUBJECT: PRIVATE ADMINISTRATION, INC.

Ref. Number: P99000106895

We have received your document for PRIVATE ADMINISTRATION, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P95000057488.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Letter Number: 809A00016466

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## PRIVATE INVESTMENTS AND CONSULTING SERVICES, INC.

#### PRIVATE ADMINISTRATION INC

P.O. Box 144635 Coral Gables, FL 33114-4635

> Félix R. Fuertes President

June 5, 2009

Ms. Carol Mustain
Regulatory Specialist II
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

**REF.** Letter #: 809A00016466 P 99000001106895

Dear Ms. Mustain:

Thank you for your recent response.

We wish to inform you that we wish to change our company name to PISC, INC. We have corrected the attached form to properly file the change. Please advise if you need additional information or documents to be filed.

If you have any questions, please do not hesitate to contact the undersigned at your convenience.

Thank you.

Sincerely,

FRF/ff

SECRETARY OF STATE

#### **Articles of Amendment**

to

### Articles of Incorporation

of



## PRIVATE ADMINISTRATION, INC.

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

	00106895 er of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:  A. If amending name, enter the new name of the	Florida Statutes, this Fi	•	opts the followin
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the doname must contain the word "chartered," "profes	esignation "Corp," "Inc	c," or "Co". A professional	ted" or the corporation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		A LA	<b>09 JUN</b>
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	E BOX)	SEE, FLORIDA	10 PM 1:49
D. If amending the registered agent and/or registered agent and/or the new registered  Name of New Registered Agent:		n Florida, enter the name of	
New Registered Office Address:	(Florida street c	ıddress)	
_	(City)	, Florida (Zip Code)	<del></del>
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations of t	he position.

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)
	•		•

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□ n
			☐ Add ☐ Remove
	ing or adding additional Articles, if necessary). (Be		
provisio	nendment provides for an exchangens for implementing the amendment applicable, indicate N/A)		

The date of each amendment	t(s) adoption: MAY 2, 2009
Effective date <u>if applicable</u> :	JUNE 1, 2009
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement end for each voting group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendment(s) was/were sufficient for approval
by	"
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
<sub>Dated</sub> May	2, 2009
Signature _	
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Felix R. Fuertes
	(Typed or printed name of person signing)
	President & Director
	(Title of person signing)