1109000002147

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Suncoast NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$35 Filing Fee \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building



新DEC 12 AM II: 34

FLORIDA DEPARTMENT OF STATE LAHASSEE, FLORIDA Division of Corporations

November 15, 2011

ALEX STAFFORD ALEX STAFFORD PHOTOGRAPHY P.O. BOX 15945 SARASOTA, FL 34277

SUBJECT: AAF SUNCOAST INC. Ref. Number: N09000002747

We have received your document for AAF SUNCOAST INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

THE TITLES LISTED FOR THE OFFICERS ARE NOT ACCEPTABLE.

PLEASE INDICATE ON THE FORM WHETHER OR NOT ALEX STAFFORD SHOULD BE REMOVED AS VICE-PRESIDENT.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 211A00025801

Articles of Amendment

' to

Articles of Incorporation				
NAE Symphoting.				
Name of Comparation as automathy filed with the Florida Post of State)				
(Name of Corporation as currently filed with the Florida Dept. of State)				
NV900002741				
(Document Number of Corporation (if known)				
the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corpo				

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

The new name must be distinguishable and		
abbreviation "Corp." or " Inc." <mark>"Company'</mark>	or "Co." may not be used in the name.	
B. Enter new principal office address, if a	oplicable:	
(Principal office address <u>MUST BE A STRE</u>	EET ADDRESS)	
		
		1 .
C. Enter new mailing address, if applicab	le:	11 DEC 1
(Mailing address MAY BE A POST OF I	FICE BOX)	
		2
	·	د
		,
		enter the name of the
D. If amending the registered agent and/on new registered agent and/or the new re		
new registered agent and/or the new re		
new registered agent and/or the new re		
new registered agent and/or the new re		
new registered agent and/or the new re	gistered office address: ARX STAFFOYCE	enter the name of the
new registered agent and/or the new re	gistered office address: ALX STAFOVO (Florida street address)	enter the name of the
new registered agent and/or the new re	gistered office address: ARX STAFFOYCE	enter the name of the
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address:	Gistered office address: ALX STAFOYO (Florida street address) (City)	enter the name of the
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if change	gistered office address: ALX STAFOYO (Florida street address) (City) ging Registered Agent:	enter the name of the
new registered agent and/or the new re	gistered office address: ALX STAFOYO (Florida street address) (City) ging Registered Agent:	enter the name of the
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if change thereby accept the appointment as registered.	gistered office address: ALX STAFOYO (Florida street address) (City) ging Registered Agent:	enter the name of the

Page 1 of 3

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)

\cap	<u>Title</u>	<u>Name</u>	Address Address	Type of Action
fresider	TAX.	Alex Stafford	BOX 15945 Savasota, FL	Add Remove X AS VP
likes		Matthew Ande		Add Remove
ec/ Trea		Judy Firek	P.O. Box 16945 Savasota, FL	Add Remove
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A	11 others t	o be removed	12/5/11
	E. <u>If amendir</u> (a <i>ttach add</i>	n'g or adding additional Articles, of itional sheets, if necessary). (Be	enter change(s) here: specific)	
	A			
	 -			
	 	Control of the contro		
				<u> </u>

The date of each amendment(s) adoption	n:
Effective date <u>if applicable</u> :	(date of adoption is required) o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted bas/were sufficient for approval.	by the members and the number of votes cast for the amendment(s)
There are no members or members entadopted by the board of directors.	titled to vote on the amendment(s). The amendment(s) was/were
Dated	9/27/11
Signature	la de
have not been s	afor vice chairman of the board, president or other officer-if directors selected, by an incorporator – if in the hands of a receiver, trustee, or ointed fiduciary by that fiduciary)
	Alex Stafford
	(Typed or printed name of person signing) He esident
•	(Title of person signing)