

P00000011584 FILED
SEP 26 AM 11:36

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E-MAIL ADDRESS

KELLY B. PLANTE, ESQUIRE

September 12, 2000

PLEASE FILE FIRST

Division of Corporations
George Firestone Building
409 East Gaines Street
Tallahassee, FL 32301

Via Hand Delivery

300003389833--4
-09/12/00--01044--005
*****43.75 *****43.75

To Whom It May Concern:

Enclosed for filing, please find **ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION**, along with a check in the amount of **\$43.75** for the applicable filing fees and fees to obtain a **CERTIFIED COPY** of the **ARTICLES OF AMENDMENT** for the following entity:

Options Management & Consulting, Inc.
Document Number: P00000011584

Upon receipt, please "date-stamp" the copy of the letter provided and call Ann Cotroneo at 222-7717, when the document is ready. Thank you for your assistance in this matter.

Very truly yours,

Kelly B. Plante
Kelly B. Plante

KBP/ams
Enclosures
GHRCORP/GHR2.244
Buchanan/71270-1

N.C.
Q. COULLETTE SEP 26 2000

RECEIVED
00 SEP 12 AM 11:55



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

September 12, 2000

GRAY, HARRIS & ROBINSON
ATTN: ANN COTRONEO
TALLAHASSEE, FL

SUBJECT: OPTIONS MANAGEMENT & CONSULTING, INC.
Ref. Number: P00000011584

We have received your document for OPTIONS MANAGEMENT & CONSULTING, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

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) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 500A00048161

RECEIVED
00 SEP 26 AM 11:12
DIVISION OF CORPORATION

**ARTICLES OF AMENDMENT TO
THE ARTICLES OF INCORPORATION OF
OPTIONS MANAGEMENT & CONSULTING, INC.**

FILED
00 SEP 26 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, Deborah S. Metcalfe, President of OPTIONS MANAGEMENT & CONSULTING, INC., a Florida corporation (the "Corporation"), for and on behalf of the Corporation, hereby executes these Articles of Amendment to the Articles of Incorporation of the Corporation:

ARTICLE FIRST: The name of the Corporation is OPTIONS MANAGEMENT & CONSULTING, INC.

ARTICLE SECOND: The Amendment to the Articles of Incorporation of the Corporation effected by these Articles of Amendment is that ARTICLE I of the current Articles of Incorporation is amended to provide as follows:

ARTICLE I - NAME

The name of this Corporation is: OPTIONS MANAGEMENT, INC.

ARTICLE THIRD: The Amendment to the Articles of Incorporation of the Corporation reflected in ARTICLE SECOND hereof was duly adopted by the Shareholders and Board of Directors of the corporation by Joint Unanimous Written Consent, executed on August 28, 2000, in accordance with Sections 607.0704 and 607.0821 of the Florida General Corporation Act.

ARTICLE FOURTH: The effective date of these Articles of Amendment shall be upon the filing thereof with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned, Deborah S. Metcalfe, President of the Corporation, has hereunto set his hand this 28th day of August, 2000.


Deborah S. Metcalfe, President

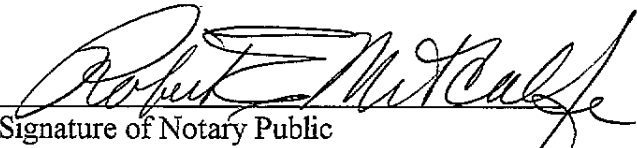
STATE OF FLORIDA
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this 28th day of August, 2000,
by Deborah S. Metcalfe, President of OPTIONS MANAGEMENT & CONSULTING, INC.



Robert E. Metcalfe
MY COMMISSION # CC751784 EXPIRES
June 16, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

AFFIX NOTARY STAMP


Signature of Notary Public

ROBERT E. METCALFE
(Print Notary Name)

My Commission Expires: _____

Commission No.: _____

☒ Personally known, or

☐ Produced Identification

Type of Identification Produced
