

P04000000370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

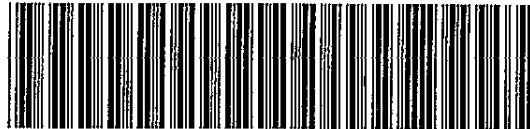
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Amend  
@ 3/9/04



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FILED  
04 MAR - 1 PM 1:10  
TALLAHASSEE, FLORIDA

**TRANSMITTAL LETTER**

FILED  
04 MAR - 1 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TO: Amendment Section  
Division of Corporations

SUBJECT: Access Solutions Providers, Inc.

DOCUMENT NUMBER: PO4000000370

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tracy A. Miller  
(Name of Person)

Access Solutions Providers, Inc.  
(Name of Firm/ Company)

215 Garden Circle South  
(Address)

Dunedin, FL 34698  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Chris Miller or Tracy Miller at ( 727 ) 738-0404  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

**Mailing Address**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
04 MAR - 1 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

Access Solutions Providers, Inc.

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

P0400000370

(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:

**NEW CORPORATE NAME (if changing):**

(must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

- 1) Registered Agent: Please delete Christopher L. Miller, 215 Gordon Cir S, Dunedin, FL, as agent and replace with: Tracy A. Miller, 215 Gordon Circle S, Dunedin, FL 34698
- 2) Officer/Director Detail: Please delete Christopher L. Miller as President and replace with Tracy A. Miller, 215 Gordon Circle S, Dunedin, FL 34698

(Attach additional pages if necessary)

If an amendment provides for 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)

~~Tracy~~ Tracy Miller will have all shares

02/25/04

The date of each amendment(s) adoption: March 1, 2004 *ch*

Effective date if applicable: March 1, 2004  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 25<sup>th</sup> day of February, 2004

Signature *Chris Miller*  
(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Christopher L. Miller  
(Typed or printed name of person signing)

Pres.  
(Title of person signing)

*x Tracy Miller*

*x Tracy A. Miller*

*x Pres - effective 3/1/04*

FILING FEE: \$35

*I am familiar with the obligations of the*

*Registered Agent x Tracy Miller / 2/25/04*