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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION

AME OF CORPORATION: CDC Operating, Inc.				
OCUMENT NUMBER: PO40000 25398				
he enclosed Articles of Amendment and fee are submitted for filing.				
lease return all correspondence concerning this matter to the following:				
Thomas P. Robinson				
Name of Contact Person				
COL Operating, (nc.				
Firm/ Company				
2546 Sawyer Terraip				
Address				
Wellington, FL 33414				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
or further information concerning this matter, please call:				
Thomas Probinson as Sel, 904.8000				
Name of Contact Person Area Code & Daytime Telephone Number				
nclosed is a check for the following amount made payable to the Florida Department of State:				
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Ar	mendment	TT."
to Articles of Inc	Ornoration	
of	· ·	デル タ
ODC Oberort	ing Ine	S T
(Name of Corporation as currently filed with the F)	lorida Dept! of State)	
PO 40000 25390		
(Document Number of Corporation (if	known)	ာ္ မွ
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the	ခြေး မှ ne following amendment(s) to '
A. If amending name, enter the new name of the corporation:		
		The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	Co". A professional corporation ne	or the abbreviation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	2546 Sampe Wellington, 1	- Terrau -L 33414
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2846 Sawyer Wellington, IFL	Terr - 33414
D. If amending the registered agent and/or registered office addre	oss in Florida outsy the name of th	
new registered agent and/or the new registered office address:	ess in Florida, enter the name of th	<u>ic</u>
Name of New Registered Agent Sand	hamas & Hobinson)	
2596 Xal	myer terr	
New Registered Office Address: Wellingtan (City)	el address) , Florida(Zij	341 <u>4</u> o Code)
•		
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent. I am familiar w Signature of New Registered A	Same	position.

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)

Example:

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 Doe 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.

X Change	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
_ <u>X</u> Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
Change Add Remove	Providat Thomas P. Robinson	2546 Sabyer Ten- Wellington, FL 3341
2) Change Add Remove		
3) Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

If amending or adding additional sheets, if necessity	essary). (B	e specific)	sj ne <u>re</u> :		
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f an amendment provides for provisions for implementing t (if not applicable, indicate	<u>he amendme</u>	e, reclassificati ent if not conta	on, or cancellati ined in the ame	on of issued sha ndment itself:	<u>ires,</u>
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The date of each amendment(s) adoption:
The date of each amendment(s) adoption:
Effective date if applicable: \(\begin{align*} \lambda \begin{align*} 20 \lambda \lambda \\ \end{align*}
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted 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
by
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.
Dated 6/18/7013
Signature / / /
(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)
Thomas P. Lobinson
(Typed or printed name of person signing)
President
(Title of person signing)