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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: William Leocock fainting circ
DOCUMENT NUMBER: <u> </u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
William Hocock Name of Contact Person
Lever V. Crang & A. Firm/ Company
5000 mobile they the 4
Pensocola, Il 32506 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$\begin{align*} \$43.75 \text{ Filing Fee & Certified Copy} \text{ (Additional copy is enclosed)}

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is enclosed)

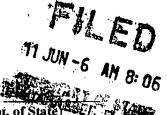
Mailing Address

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

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment **Articles of Incorporation**



(Name of Corporation as currently filed with the Florida I Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) , Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the 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)

Title	Name	Address	Type of Action
sec il	SRINA Dunayeva	219 Willow It Densocila Fl 32506	Add ☐ Remove
			
			
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	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specified)		
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provision	endment provides for an exchange, reclassions for implementing the amendment if a tapplicable, indicate N/A)		
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	•	•	

The date of each amendment			
7766 at a 1-a te - 15 a 1	(date of adoption is required)		
Sfective date if applicable: (no more than 90 days after amendment file date)			
. Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement of 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)		
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder		
Dated	which there I		
selec	a director, president or other officer if directors or officers have not been cted, by an incorporator if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)		
.* .	(Typed or printed name of person signing)		
	(Title of person signing)		
	i (Time or berson signing)		