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Certified Copies	_ Certificates	of Status;
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Special Instructions to	Filing Officer.	
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N.C. C.COULLIETTE

AUG 19 2009

EXAMINER

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORP	PORATION:	Island Man Renovation	, Inc.
DOCUMENT NUMBER:		P04000080834	4
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
		Marlon Brady	7.1
	•	Name of Contact Person	
-		Firm/ Company	
	5402 S. Pine Hills Road		
•		Orlando, FL 32808 City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification	
For further informa	ation concerning this matter,		
	Marlon Brady		697-2299
Name	of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a check	c for the following amount r	nade payable to the Florida Dep	artment of State:
	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Island Man R	enovation, Inc.		
(Name of Corporation as currently	filed with the Florid	la Dept. of State)	
P04000	0080834		
	of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:	lorida Statutes, this F	lorida Profit Corporation	adopts the following
A. If amending name, enter the new name of the	corporation:		
B & G Lock	Service, Inc.		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "professions."	ignation "Corp," "Inc	c," or "Co". A profession	orated" or the nal corporation
B. Enter new principal office address, if applica			
(Principal office address MUST BE A STREET A	DDRESS)		SS I
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		I PAIR HEIZE
D. If amending the registered agent and/or regis	stered office address i	in Florida, enter the name	e of the
new registered agent and/or the new registered			
Name of New Registered Agent:			
New Registered Office Address:	(Florida street	address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing For I hereby accept the appointment as registered agen			of the position.
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Attach a			
<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			
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<u>If ame</u>	ending or adding additional Articles,	enter change(s) here:	
	additional sheets, if necessary). (Be		
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	amendment provides for an exchang		
provi	isions for implementing the amendm		
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The date of each amendment	t(s) adoption: August 12, 2009
Effective date <u>if applicable</u> :	August 15, 2009 August 15, 2009
Effective date in applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	are approved by the shareholders through voting groups. The following statement and 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated Aug Signature	marlon Brady
(By	a director, president or other officer – if directors or officers have not been
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
арр	onited fiduciary by that fiduciary)
	Marlon Brady
	(Typed or printed name of person signing)
	Drooidont
	President(Title of person signing)
	/ L O O.