V14698

(Requestor's N	lame)
,	
(Address)	
. (Address)	
(City/State/Zip/	/Phone #)
(3.4). 3.44.4.	w.z,
PICK-UP WA	MAIL MAIL
(Business Enti	ty Name)
(Document Nu	imber)
Certified Copies Certi	ificates of Status
·	
Special Instructions to Filing Offic	er:
•	
L	

Office Use Only



700155517357

05/07/09--01027--006 **52.50

O9 MAY - 7 AM 8: 48
SECRETARY OF STATE
ANASSES FLORIO

N.C.
C.COULLIETTE

MAY 1 4 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: M. A. Schenk & Associates, Inc.			0
DOCUMENT NUMBER: V 14	698		
The enclosed Articles of Amendmen	ut and fee a	re submitted for filing.	<i>,</i>
Please return all correspondence cor	ncerning thi	s matter to the following:	
		chael A. Schenk	
	(Name	of Contact Person)	
		Schenk & Associates, Inc.	·
	(Fii	m/ Company)	
15		33 Roslyn Lane	
		(Address)	
		and, Florida 33812 tate and Zip Code)	·
For further information concerning t		•	
Michael A Schenk (Name of Contact Person)		at (561) 718-9729 (Area Code & Daytime	
Enclosed is a check for the following	g amount m	nade payable to the Florida Dep	partment of State:
\$35 Filing Fee \$43.75 Filing Certificate of		\$43.75 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 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

M.A. Schenk & Asso			
(Name of Corporation as currently filed wi	th the Florida Dept. of State	2)	
V 14698	· · · · · · · · · · · · · · · · · · ·	Đ	
(Document Number of Corpo	ration (if known)	_	
Pursuant to the provisions of section 607.1006, Florida St following amendment(s) to its Articles of Incorporation:	atutes, this Florida Profit C	Corporation adop	ts the
A. If amending name, enter the new name of the corpora	tion:	•	
Schenk, Inc.			
The new name must be distinguishable and contain "incorporated" or the abbreviation "Corp.," "Inc.," or "Co". A professional corporation name must contassociation," or the abbreviation "P.A."	Co.," or the designation "C	orp," "Inc," or	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>	;	SEI	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MAY -7 AM 8: 48 CRETARY OF STATE AHASSEE, FLORIE	FILED
D. If amending the registered agent and/or registered off new registered agent and/or the new registered office Name of New Registered Agent:		r the name of the	2
New Registered Office Address: (Fi	orida street address)		
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I a position.	1 Agent: m familiar with and accept	the obligations o	of the
Signature of N	ew Registered Agent, if chang	ging	

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	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	•		Add Remove
	ding or adding additional Articles, en additional sheets, if necessary). (Be sp		
provisi	mendment provides for an exchange, ions for implementing the amendment not applicable, indicate N/A)	reclassification, or cancell tif not contained in the an	ation of issued shares, nendment itself:

The	date of each amendment(s) adoption: <u>VS/05/09</u>
Effe	ctive date <u>if applicable</u> :	
		(no more than 90 days after amendment file date)
Adoj	ption of Amendment(s)	(CHECK ONE)
	The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
		e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
	"The number of votes of	ast for the amendment(s) was/were sufficient for approval
	by	,,
		(voting group)
	The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
	The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
	Dated	Jay 5, 2009
	Signature	MMASON
		a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court
		inted fiduciary by that fiduciary)
		Michael A. Schenk
		(Typed or printed name of person signing)
		President
		(Title of person signing)