V55446

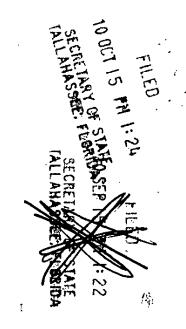
(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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ANEND 10/22



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

10 OCT 15 AM 8: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 13, 2010

(. . .)

DAVE CULVER 100 ARRICOLA AVE ST. AUGUSTINE, FL 32080

SUBJECT: CONFEDERATE STATE EXPORTS, INC.

Ref. Number: V55446

We have received your document for CONFEDERATE STATE EXPORTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 410A00021665

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	DRATION: Confe	derate State Exports	INC.	
DOCUMENT NUM	IBER:V55 4	५ ६		
The enclosed Article	es of Amendment and fee a	re submitted for filing.		
Please return all corr	respondence concerning thi	s matter to the following:		
	Michael	Popu		
_	N	ame of Contact Person		
	Confotero	te State Exports 1	Inc.	
_		Firm/ Company		5 × −
	100 Arne	ala Ave		0 OCT
. –		Address	 -	15
_	St. August	ity/ State and Zip Code		O OCT 15 PM 1: 24 RECRETARY OF STATE
	DUNCHEURS	Syle Aol. Com d for future annual report notification)		24 REA
For further informati	on concerning this matter,	please call:		
Michael	1 Pone	at (904) 825-4	368	
Name o	Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check	for the following amount m	nade payable to the Florida Depart	ment of State:	
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing For Certificate of St Certified Copy (Additional Cop	tatus
Mailing Add Amendment Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	e	

Articles of Amendment to Articles of Incorporation of

Confederate St	ate Exports I	٠ ،	
(Name of Corporation as curren		a Dept. of State)	•
VS5446			
(Document Numb	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	lopts the following
A. If amending name, enter the new name of t	he corporation:		
			The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profe	lesignation "Corp," "Inc	c," or "Co". A professional	ted" or the corporation
B. Enter new principal office address, if application (Principal office address MUST BE A STREET)			_
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>)			FILED 10 OCT 15 PM SECRETARY OF TALLAHASSEE: F
D. If amending the registered agent and/or representation new registered agent and/or the new registered.		n Florida, enter the name of	1:2 S1A
Name of New Registered Agent:			
New Registered Office Address:	(Florida street (address)	
<u>_</u>		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations of t	the position.
Sig	nature of New Registere	d 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 '	<u>Name</u>	Address	Type of Action
PRES	Dr. Ray H. Him	man 11 100 Arnula A. 3t. Agustine F	Add A Remove
<u>és</u>	Ray H. Hinna	M.D.DA. loo Alrivole St. Augustiv	
			☐ Add☐ Remove
provisi		xchange, reclassification, or cancellatine	

The date of each amendment	(s) adoption: 11-01-2010
, , , , , , •	(date of adoption is required) 11-01-2010 (no more than 90 days after amendment file date)
Effective date if applicable:	11-01-3010
•	(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(s) are sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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.	re 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
	-11-2010 -11-3010
(By sele	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)
	President
	(Title of person signing)