## P01000089601

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: A WAY	OUT BAIL BONDS INC
DOCUMENT NUMBER: PO70000	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
(Name of Contr	nn Celec
A WAY OUT (Firm/Com	DAIL BONDS INC
2604 FOWIER S	Stss)
Ft - MyELS F1 (City/ State and	33920 Zip Code)
For further information concerning this matter, please	call:
(Name of Contact Person)	t (239) 229-459 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)
Amendment Section A Division of Corporations D P.O. Box 6327 C	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle

Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2007

MELODY LYNN CELEC A WAY OUT BAIL BONDS INC. 2604 FOWLER ST. FT. MYERS, FL 33930

SUBJECT: A WAY OUT BAIL BONDS INC

Ref. Number: P07000089601

We have received your document for A WAY OUT BAIL BONDS 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):

The date of adoption of each amendment must be included in the document.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 207A00066882

RECEIVED

107 DEC -6 AM 8: 0C

SECRETARY OF STATE

ALL AHASSEE, FLORID

## Articles of Amendment to Articles of Incorporation

	Article	s of incorporation	ي
•		of	_ 9
<u> </u>	WAYOUT	· · · · · · · · · · · · · · · · · · ·	5 INC &
(N	ame of corporation as curr	ently filed with the Florida D	5 INC By Dept. of State)
	Panasa	0910	
	(Document num	89601 ber of corporation (if known	)
Pursuant to the provision adopts the following amount of the following amount			Torida Profit Corporation
<u>NEW CORPORATE N</u>	AME (if changing):		
A professional corporation n	nust contain the word "cha	artered", "professional associa	ation "Corp.," "Inc.," or "Co.") ation," or the abbreviation "P.A.") Indicate Article Number(s)
		or deleted: ( <u>BE SPECIF</u> Î	
MAtthew	JONES	DELete	VP
CORED L	JONES FICKSON	Delete	VΡ
			<u> </u>
			<del></del>
<u>.                                    </u>	·		
<u>,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(Attack addi	tional pages if necessary)	
	(Attach addi	nonar pages ii necessary)	
			on of issued shares, provisions self: (if not applicable, indicate N/A
<u>*************************************</u>	•		

(continued)

The date of each amendment(s) adoption:
Effective date if <u>applicable</u> :
(no more than 90 days after amendment me date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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
(voting group)
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.
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)
(Typed or printed name of person signing)
PRESTOENT (Title of person signing)
/

FILING FEE: \$35