393359

| (Requestor's Name) | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| , | | | |
| , and the second | | | |
| | | | |
| · · · · · · · · · · · · · · · · · · · | | | |

Office Use Only

6309



400156498884

06/01/09--01018--021 **43.75

More

2009 JUN - 1 PM 2: 56
SECRETARY OF STATE.

e ama

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: DOCUMENT NUMBER: | | JOEL FOX, INC. | | |
|------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--|
| | | 292359 | | |
| The enclosed Articles | of Amendment and fee | are submitted for filing. | | |
| Please return all corres | pondence concerning th | is matter to the following: | | |
| | Joseph T. Ducanis, Jr., Esq. | | | |
| | 1 | Name of Contact Person | | |
| | ROGERS, MORRIS & ZIEGLER LLP | | | |
| | | Firm/ Company | | |
| 1401 E. Broward Bd., Suite 300 | | | | |
| | | Address | | |
| Fort Lauderdale, FL 33301 | | | | |
| | (| City/ State and Zip Code | | |
| | jtducal E-mail address: (to be use | nis@rmzlaw.com ed for future annual report notification) | | |
| For further information | concerning this matter, | please call: | | |
| Joseph T. Ducanis, Jr., Esq. | | at (954) 46 | 2-1431 | |
| Name of C | ontact Person | Area Code & Daytime Tele | phone Number | |
| Enclosed is a check for | the following amount r | nade payable to the Florida Departs | 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 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

2009 JUN - 1 PM 2: 55

TO THE ARTICLES OF INCORPORATION OF LLAHASSEE, FLORIDA

DOC# 292359

(Pursuant to Section 607.1006 of the Florida General Corporation Act):

The undersigned, **DIANA T. BENSON**, the President/Director, of **JOEL FOX**, **INC.**, a corporation organized and existing under and by virtue of the provisions of the Florida General Corporation Act (the "Corporation"), the Articles of Incorporation of which were duly filed with the Department of State of the State of Florida on April 27, 1965, and, with respect to which, Articles of Amendment were filed on June 9, 1999, **DOES HEREBY CERTIFY:**

- 1. The name of the Corporation is **JOEL FOX, INC.**
- 2. The amendment made to the Corporation's Articles of Incorporation is as follows:

 ARTICLE III of the Articles of Incorporation of the Corporation is hereby amended in its entirety to read as follows:

ARTICLE III

The maximum number of shares of stock which this Corporation is authorized to issue and have outstanding at one time shall be One Thousand (1,000) shares of Common Stock, with no par value.

- 3. Except as hereby amended, the Articles of Incorporation of the Corporation shall remain the same.
- 4. The Amendment hereby made to the Articles of Incorporation was duly adopted by a written statement executed by all of the shareholders and directors of the Corporation as of May 18, 2009 pursuant to Sections 607.1003, 607.0704 and 607.0821 of the Florida General

Corporation Act.

COUNTY OF BROWARD

Joel FOX, INC., a Florida corporation

Janet Klendworth

BY:

DIANA T. BENSON,

President/Director

STATE OF FLORIDA

) SS:

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, the foregoing instrument was acknowledged before me by DIANA T. BENSON, who is personally known to me or who has produced Fig. Dayles Liceuse as identification.

WITNESS my hand and official seal in the State and County last said this _______, day of _________, 2009.

Notary Public
State of Florida at Large Public State of Florida
Nancy M Kincaid
My Commission DD491058

Typed, printed or stamped name of Notary Public

Expires 01/20/2010