373323

(Re	equestor's Name)	-
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100213870211

11/07/11--01018--013 **35.00

Amens



121184

COVER LEFTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HAIM	IES FAMILY GROUP, INC.
DOCUMENT NUMBER:	373323
The enclosed Articles of Amendment and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
KATHRYN (arme of Contact Person
Na	ame of Contact Person
HAINES	FAMILY GROUP, INC.
	Firm/ Company
25187	PAPILLION DR.
	PAPILLION DR. Address
BONITH S,	ORINGS, FL 34135
Cit	ty/ State and Zip Code'
·	
E-mail address: (to be	e used for future annual report notification)
	·
For further information concerning this mat	ter, please call:
	at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	nt made payable to the Florida Department of State:
\$35 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Section (1)	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

of _

14AINES	FAMILY GROUP,	INC;
(Name of Corporation as curi	rently filed with the Florida Dept. of Stat	<u>e</u>)
3 7	33 23	
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inco	rporation:	Corporation adopts the
A. If amending name, enter the new name of	of the corporation:	
The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or the designation "C	orp," "Inc." or
B. Enter new principal office address, if app	plicable:	
(Principal office address MUST BE A STREE		20 = 1
the second of th		5 5
Many and the second of the sec		77
C. Enter new mailing address, if applicable	s and the second	322
(Mailing address MAY BE A POST OFF)		FEET ST
egys i swam i new egi	a that make a little in the transfer	
D. If amending the registered agent and/or	registered office address in Florida, ente	r the name of the
new registered agent and/or the new regi		,
Name of New Registered Agent.	**************************************	
	* · · · · · ·	<u> </u>
New Registered Office Address:	(Florida street address)	
		. Florida
•	(City)	(Zip Code)
New Registered Agent's Signature, if changi	ng Registered Agent:	
I hereby accept the appointment as registered position.	d agent. I am familiar with and accept	the obligations of the
	Signature of New Registered Agent, if chang	ging

If AMENDING the Officers and/or Directors, please list all officers/directors of the corporation as you now want the record to be. Please indicate the title(s), name and address for each officer/director.

(Our database can index up to 6 officers/directors: If you have more than 6 officers/directors, please list them on an additional sheet.)

Title(s)	<u>Name</u>	Address
1) <u>[]</u>	T. HARNEY HAINES	7269 E'. HORSE HAMMOCK RD. AVON PARK, FL 33825
2)	THOMAS H. HAINES	6680 EASTWOOD ACRES ROAD FORT MYERS, FL 33905
3) <u>S</u> /T	KATHAYN L. HAINES	25187 PAPILLION DR. BONITA SPRINGS, FL 34135
4)		
5)		
6)		
If REMOVED:	VING an officer and/or director, please list the ti	tle(s) and name of the officer/director to be
Title(s)	SUSAN L. MCBIRNEY 4)	Name Name
2)	5)	
3)	6)	· <u>· · · · · · · · · · · · · · · · · · </u>

(attach additio	onal sheets, if nec	cessary).	(Be specific)		, ,	Jun 35	;	
		· · · · · · · · · · · · · · · · · · ·	•			n		1
			· · · · · · · · · · · · · · · · · · ·		• •			
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · ·	43.4		*** *		
.1 ,-			:	al a			.:	
·						· :	. <u> </u>	
	** .** ;	•		٠		,		
<u>. //: </u>	36 (o 15) of				• .	·		<u>, ,</u>
If an amend	nent provides for implementing	or an excha	inge, reclassi	fication, o	cancella	tion of issu	ed shar	
If an amend provisions fo	nent provides fe	or an excha the amend	inge, reclassi	fication, or contained i	cancella n the am	ntion of issu endment it	ed shar	
If an amend provisions fo (if not app	nent provides for implementing	or an excha the amend N/A)	inge, reclassi Iment if not c	fication, or	cancella n the am	ntion of issu endment it	ed shar	
If an amend provisions fo (if not app	nent provides for implementing policable, indicate	or an excha the amend N/A)	inge, reclassi Iment if not c	fication, or	cancella n the am	ntion of issu endment it	ed shar	
If an amend provisions fo (if not app	nent provides for implementing olicable, indicate	or an excha the amend N/A)	inge, reclassi Iment if not c	fication, or	cancella n the am	ntion of issu endment it	ed shar	
If an amend provisions fo (if not app	nent provides for implementing olicable, indicate	or an excha the amend N/A)	inge, reclassi Iment if not c	fication, or	cancella n the am	ntion of issu endment it	ed shar	
If an amend provisions fo (if not app	ment provides for implementing policable, indicate	or an excha the amend N/A)	inge, reclassi Iment if not c	fication, or	cancella n the am	ntion of issu endment it	ed shar	
If an amend provisions fo (if not app	ment provides for implementing policable, indicate	or an excha the amend N/A)	inge, reclassi Iment if not c	fication, or	cancella n the am	ntion of issu endment it	ed shar	
If an amendo provisions fo (if not app	ment provides for implementing policable, indicate	or an excha the amend N/A)	inge, reclassi Iment if not c	fication, or	cancella n the am	ntion of issu endment it	ed shar	

	in the state of th
The date of each amendment	(s) adoption: $\frac{10/31/11}{1}$
	(date of adoption - required)
Effective date <u>if applicable</u> :	(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 of	cast for the amendment(s) was/were sufficient for approval
by	, , , , , , , , , , , , , , , , , , , ,
	(voting group)
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated	10/31/11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature	K. I. Marin
selec	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)
	KATHRYN L. HAINES
	(Typed or printed name of person signing)
	(Title of person signing)
•	(Title of person signing)

Page 4 of 4

·1 - - <u>‡</u>