479372

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: HUDSON UTIL	ITIES, INC.	
DOCUMENT NUMBER: 479372		
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
DAVID C. GILMORE, ESQUIRE		
(Name of C	ontact Person)	
LAW OFFICES OF DAVID C.	GILMORE	
(Firm/ C	Company)	
7620 Massachusetts Avenue		
(Ad	dress)	
New Port Richey, FL 34653		
(City/ State	and Zip Code)	
For further information concerning this matter, plea	ase call:	
David C. Gilmore	at (727) 849-2296	
(Name of Contact Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amount:		
2 \$35 Filing Fee	□\$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	



May 13, 2008

DAVID C. GILMORE 7620 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653

SUBJECT: HUDSON UTILITIES, INC.

Ref. Number: 479372

We have received your document for HUDSON UTILITIES, 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 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.

Letter Number: 408A00030477

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

. Articles of Amendment to Articles of Incorporation of

	(Name of corporation as currently filed with the Florida Dept. of State)
	479372
	(Document number of corporation (if known)
	the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> llowing amendment(s) to its Articles of Incorporation:
VEW CORF	PORATE NAME (if changing):
BOB & MAT	, INC.
Must contain the A professional	he word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
	NTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
nd/or Article	e Title(s) being amended, added or deleted: (BE SPECIFIC)
	(Attach additional pages if necessary)
an amendm or implemen	nent provides for exchange, reclassification, or cancellation of issued shares, provision ting the amendment if not contained in the amendment itself: (if not applicable, indicate N

(continued)

The date of each amendment(s) adoption:	April 30, 2008
Effective date if applicable:	
(no more than 90 c	ays after amendment file date)
Adoption of Amendment(s) (CHECK	ONE)
The amendment(s) was/were approve the amendment(s) by the shareholde	ed by the shareholders. The number of votes cast for rs was/were sufficient for approval.
	ed by the shareholders through voting groups. The ely provided for each voting group entitled to vote
"The number of votes cast for the	e amendment(s) was/were sufficient for approval by
(voting group)	
The amendment(s) was/were adopted and shareholder action was not required.	d by the board of directors without shareholder action red.
The amendment(s) was/were adopted shareholder action was not required.	d by the incorporators without shareholder action and
	other officer - if directors or officers have not been or - if in the hands of a receiver, trustee, or other court t fiduciary)
ROBERT BAMMAN	N
	printed name of person signing)
PRESIDENT	
	(Title of person signing)

FILING FEE: \$35