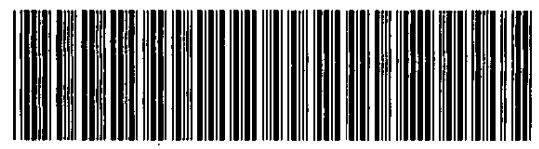


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09/07/10--01015--027 \*\*35.00

(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:

Office Use Only.

9,810

*Amey / MC*

FILED  
2010 SEP -7 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# DAVID C. GILMORE

ATTORNEY AT LAW

7620 MASSACHUSETTS AVENUE, NEW PORT RICHEY, FLORIDA 34653  
TELEPHONE (727) 849-2296 FAX (727) 841-7146

September 2, 2010

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314


Re: Corporate Amendment Filing

Dear Sir or Madam:

Please find enclosed Articles of Amendment to Articles of Incorporation of Gustav Schickedanz, Incorporated and check #1323 in the amount of \$35.00 for the fee. I would appreciate your filing same at your earliest convenience.

If you need any additional information, please contact this office.

Very truly yours,



Karen L. Hamilton  
Legal Assistant

/klh  
Enclosures

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2010 SEP -7 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GUSTAV SCHICKEDANZ, INCORPORATED  
(Name of Corporation as currently filed with the Florida Dept. of State)  
486070  
(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

SCHICKEDANZ SISTERS, INC. *The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
*(Principal office address MUST BE A STREET ADDRESS)*

7712 W. COUNTY LINE RD.  
ODESSA, FL 33556

**C. Enter new mailing address, if applicable:**  
*(Mailing address MAY BE A POST OFFICE BOX)*

7712 W. COUNTY LINE RD.  
ODESSA, FL 33556

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

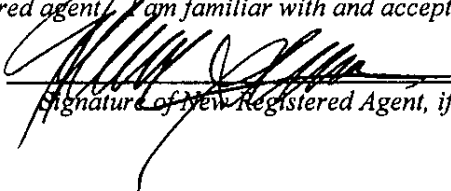
*Name of New Registered Agent:* DAVID C. GILMORE, ESQ.

*New Registered Office Address:* 7620 MASSACHUSETTS AVENUE  
*(Florida street address)*

NEW PORT RICHEY, Florida 34653  
*(City) (Zip Code)*

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

  
*Signature of New Registered 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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>LISA STEUER</u>	<u>7712 W. COUNTY LINE RD.</u> <u>ODESSA, FL 33556</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>S/T</u>	<u>SUSIE FLAIG</u>	<u>7712 W. COUNTY LINE RD.</u> <u>ODESSA, FL 33556</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>VP</u>	<u>HEIDI MATTHIAS</u>	<u>7712 W. COUNTY LINE RD.</u> <u>ODESSA, FL 33556</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: July 28, 2010  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

The amendment(s) was/were adopted 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.

Dated July 28, 2010

Signature Lisa Steuer

(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)

LISA STEUER LISA STEUER  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)