# 5091

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

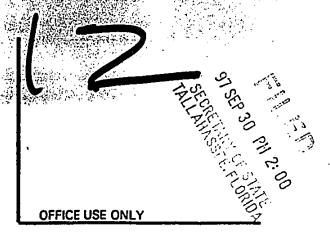
(Address)

Tallahassee, FL 32301

(904) 656-3992

(City, State, Zip)

(Phone #)



800002307888---6 -09/30/97--01063--003 \*\*\*\*\*87.50 \*\*\*\*\*87.50

Examiner's Initials

# CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

Trademark

Other

C03C011/10/03

1. SCS Mar	racement Company	Soglia_ (Document #)						
2. (Corporation		(Document #)						
3. (Corporation 4.	n Name)	(Document #)						
(Corporation Name)  Walk in Pick up time 930  Mail out Will wait Photocopy Certificate of Status								
NEW FILINGS Profit NonProfit	AMENDMENTS  Amendment  Resignation of R.A., Officer/I	57.03 57.03						
Limited Liability  Domestication	Change of Registered Agent Dissolution/Withdrawal							
Other	Merger	- San Da						
OTHER FILINGS	REGISTRATION/ QUALIFICATION							
Annual Report Fictitious Name	Foreign Limited Partnership	Maloka						
Name Reservation	Reinstatement	V 7913						

### ARTICLES OF AMENDMENT

TO

### ARTICLES OF INCORPORATION

OF

### SCS MANAGEMENT COMPANY



Pursuant to the provisions of section 607.1006, Florida

Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

## SCS MANAGEMENT COMPANY INTERNATIONAL

FIRST: Article 1 is hereby amended to read as follows:

"The name of the Corporation is SCS Management Company International."

SECOND: The date of this amendment's adoption is September 16, 1997.

THIRD: The amendment was approved by the shareholders. The number of votes cast for the amendment were sufficient for approval.

Signed this 16<sup>th</sup> day of September, 1997

Chairman

SENT E	PLEASE HEAD /	: 9-16-8 ALL INS I	HUC LLINS	: Behali	IE COMPLE II	NG I	HIS FORM. 27.3	
	PLICATION Z		DP JAP ME Jim smit secretary of	IT OF ST		901	OT WHITE IN THE BUICE	
REIN	STATEMENT	Dr	VISION OF CORPOR				8497	
Make Check Payable To: Department of State					1897 A 18	THE TAKE TO ASSOCIATE		
1. Name and Melling Address of Corporation: DOCUMENT # 509112				- 2. Il Address	2 11 Address in Block 1 is incorrect in any way, enter the correct			
SCS Management Company					address bolow:			
c/o Kantor, Davidoff, Wolfe, Mandelker & Kass, P.C.					City and State			
51 East 42nd Street New York, New York 10017						Office Add	troce to different from positing eddress, enter	
					Address	uw.	me = 5	
							Thomas 5	
					City and State		RIT O'Zip Code	
4. Date inc	corporated or Qualified Justness in Florida	5. FEI Numb	Qf		FEI Number Applied	For	6. \$8.75 Additional Fee ci quired	
	7-2-76	59-17	25420		FEI Number Not App	Acabie	CERTIFICATE OF STATUS DESIRED	
7. Names	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	ilona must <b>k</b>	t at least 3 directors)			
Title(s)	Name of Officers and/or Directors 2		) Off	et Address of icer and/or D re Post Office	of Each irector Box Numbers)	4	City / State / Zip	
Sole	Steven Sanford			eet Apt. 1E				
<u>Direct</u>	or		New York.	N Y 10	)021			
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à. -		<u> </u>		اقات	0000023078801 -09/30/9701063002 ***2073.75 ***20 <b>73.75</b>			
		31-111						
				9.	M			
	REGISTERED AGENT INF	ORMATION	<b>.</b>	Name	ii change	o, new rec	glatered agent / office	
· · · · · ·	8. Name and Address of Current F	Registered Agen	nt	Street Arte	ress (Do NOT Use P.O.	Bay Alum	ther)	
. Tá	Villiam A. Kass			0		DOX 19031	,	
K	Antor, Davidoff & Kass Mationsbank Tower, Suit			Street Address (Do NOT Use P.O. Box Number)				
: 1	50 Palmetto Park Rd.		• ••	City			State Zip	
10. I, bein	oco Raton, Florida 334 g appointed the registered agent of the abo	ive named corpo	oration, em familiar wi	th and accep	t the obligations of Sect	ion 607.0	505, F.S.	
Signature of Registered Agent Date 9/16/97  REGISTERED AGENT MUST SIGN								
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box additional information.)								
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No (See other side for information on intangible tax.)								
13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.								
Signature of Officer or Director August October Of Date 9/16/97 Destine Phone #								
Typed or printed name of signing officer or director								

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