Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: From:	Division of Corporations Fax Number : (850)617-638  Account Name : C T CORPORAT Account Number : FCA000000023 Phone : (850)222-109 Fax Number : (850)878-536	ion system 2	e file Atter H10000	ગાહિક ક
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Corporate Filing Menu

September 3 OCT 28 2010, 10/5/2010

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Page 1 of 1

Electronic Filing Monu



October 27, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KUMMER ENTERPRISES, INC. 11330 OLIVE STR RD ST. LOUIS, MO 63141US

SUBJECT: KUMMER ENTERPRISES, INC.

REF: 829199

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The attached certificate evidencing the name change should reflect the same name as shown in block #5.

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) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H10000218855 Letter Number: 110A00025402

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October 5, 2010

### FLORIDA DEPARTMENT OF STATE Division of Corporations

KUMMER ENTERPRISES, INC. 11330 CLIVE STR RD ST. LOUIS, MO 63141US

SUBJECT: KUMMER ENTERPRISES, INC.

REF: 829199

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co.," or "Corp." Please enter the alternate corporate name in the space provided in number five of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #L06000063794 - HBE, LLC & L06000063745 - #L06000063745 - HBE LLC.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

FAX Aud. #: H10000218855 Letter Number: 010A00023589

#### **COVER LETTER**

Division of Corporations	
SUBJECT: Kummer Enterprises, Inc.	of Corporation
DOCUMENT NUMBER: 829199	·
The enclosed Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning	g this matter to the following:
	•
Name of Contact Person	
Firm/Company	
Address	,
City/State and Zip Code	
mblagioli@hbecorp.cor E-mail address: (to be used for future ann	
E-mail address, (to be used tot turble and	ant report hourseanday
For further information concerning this ma	tter, please call:
	_at ()
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	nnt:
\$35.00 Piling Fee S43.75 Filing Fee & Cartificate of Stand	
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

# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SE (1-3 MUST	CTION I BE COMPLETED	1	
		, 4	S. O. M.
	829199 r of corporation (if l	(mown)	
•		,	芸芸
	Enterprises, Inc		57.
(Name of corporation as it appears	on the records of th	a Department of State)	400 13
Delaware	3	12/18/1972	SE F
(incorporated under laws of)		ate authorized to do business in l	Torida)
CR/	CTION II		
(4-7 COMPLETE ONLY		e Changes)	
. Year	1		
4. If the amendment changes the name of the corporation is incirculation of incomparation 2 09/21/2010	on, when was the	e change effected under the	laws of
its jurisdiction of incorporation? 09/21/2010		<del></del>	
Name of corporation after the amendment, adding sappropriate abbreviation, if not contained in new name	uffix "corporationame of the corpo	on," "company," or "incorp	orated," or
Hospital Boilding & Founding (If new name is unavailable in Florida, enter alternate business in Florida)	ONT COMC	adopted for the purpose of	transacting
6. If the amendment changes the period of duration, inc	dicate new period	d of duration.	
(Ne	w duration)		
7. If the amendment changes the jurisdiction of incorpo	oration, indicate	new jurisdiction.	
(New	jurisdiction)		
8. Attached is a certificate or document of similar impo 90 days prior to delivery of the application to the De having custody of corporate recents in the jurisdiction	ort, evidencing the partment of State on under the law:	te amendment, authenticate e, by the Secretary of State s of which it is incorporated	d not more than or other official l.
- KMD -			
(Signature of a director, president or other officer - if it of a receiver or other court appointed fiduciary, by the	n the hands it fiduciary)		
Fred S. Kummer	<del></del>	President (Title of person closing)	_
(Typed or printed name of person signing)	•	(Title of person signing)	

# Delaware

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELANARE, DO HEREBY CERTIFY THAT THE SAID "KUMMER ENTERPRISES, INC.", FILED A CERTIFICATE OF OWNERSHIP, CHANGING ITS NAME TO "HBE CORPORATION", THE TWENTY-FIRST DAY OF SEPTEMBER, A.D. 2010, AT 3:04 O'CLOCK P.M.

0781698 8320

100960924

DATE: 10-01-10