## F72845

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Dickersor	n Florida, Inc.	
DOCUMENT NUM	F72845		
The enclosed Articles	of Amendment and fee are s	ubmitted for filing.	
Please return all corre	spondence concerning this ma	atter to the following:	
	Stacey Koenke	•	
		Name of Contact Persor	1
	c/o Dickerson (	Group, Inc.	
		Firm/ Company	
	P.O. Box 5011		
		Address	
	Monroe, NC 28	3173	
		City/ State and Zip Code	<del></del>
sko	enke@dickers	oninc.com	
	E-mail address: (to be u	sed for future annual report	notification)
For further information	n concerning this matter, pleas	se call:	
Stacey Koe	nke	<sub>at (</sub> 704	282-8329
Name o	Name of Contact Person Area Code & Daytime Telephone Numb		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status enclosed)	□\$43.75 Filing Fee & Certified Copy (Additional copy is (Additional Co	□\$52.50 Filing Fee Certificate of Status Certified Copy opy is enclosed)
Ame Divis P.O.	ing Address Indment Section Ission of Corporations Box 6327 Ihassee, FL 32314	Division Clifton I	Address nent Section n of Corporations Building tecutive Center Circle

Tallahassee, FL 32301

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Dickerson Florida, Inc.						
(Name of Corporation as currently	filed with the Flo	orida Dept, of State	Ð			
F72845						
(Document Number of	of Corporation (if	known)				
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this F	lorida Profit Corpo	ration adopts the fo	ollowing amer	ndment	t(s) to
A. If amending name, enter the new name of the	corporation:					
				The	new	
name must be distinguishable and contain the we "Corp.," "Inc.," or Co.," or the designation "Corword "chartered," "professional association," or the	rp," "Inc," or "C	lo". A professional	"incorporated" or corporation name	the abbrevie must contain	ation n the	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD						
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	8 <i>0X</i> )			SECRETARY L	12	
D. If amending the registered agent and/or registered new registered agent and/or the new registered		ss in Florida, enter	the name of the	7 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		\$ 47 
Name of New Registered Agent						
	(Florida stree	et address)				
New Registered Office Address:	(0)		Florida			
	(City)		(Zip Co	oae)		
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agent.		ith and accept the o	bligations of the po	sition.		
Signature of I	New Registered As	pent if chanoina				
Signature of I	TOW REGISTER AR	Som, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	SV Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change Add Remove	<u>V, S, T</u>	Bernard Barrile	421 Dewberry Terrace Jensen Beach, Fl 34957
2) Change Add Remove	<u>V, CFO</u>	Michael G. Bailey	3916 58th Circle Vero Beach, Fl 32966
3) X Change Add Remove	VST	Charles H. Cameron	688 SW Hidden River Avenue Palm City, Fl 34990
4) Change X Add Remove	Asst. S	Antoinette J. Peterson	1209 SW Ibis Street Palm City, FI 34990
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Articular and additional Articular additional sheets, if necessary).	(Be specific)			
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			<u></u>	
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	<del></del>			·· <del>····</del> ····
an amendment provides for an exchaprovisions for implementing the amen	ange, reclassificatio adment if not contai	n, or cancellation of the need in the amendr	of issued shares, nent itself:	
(if not applicable, indicate N/A)				
				· <del></del> · · · -
				- <b>4</b>
		<del></del>		

The date of each amendment(s) adoption: January 10, 2012
Offective date if applicable: January 10, 2012
(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)
(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 January 10, 2012
Signature  (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)
John F. Joyner
(Typed or printed name of person signing)
Chairman
(Title of person signing)