F95000003686

(Requ	uestor's Name)			
(Addr	ess)			
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(Addr	ess)			
(City/	State/Zip/Phone	e #)		
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(Busi	ness Entity Nar	ne)		
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: TA	PANSED, INC. (Name of Corporation)
DOCUMENT NUMBER:	=95000003686
The enclosed Resolution of the Board of fee are submitted for filing.	f Directors to Withdraw the Alternate name for use in Florida and
Please return all correspondence concern	ning this matter to the following:
LAFAYETTE TURNER (Name of Contact Person	
TRANSED INC. (Firm/Company)	
22 COLORADO STREET (Address)	
PLATTS BURGH NY 1290 (City/State and Zip Cod	D 3 (de)
For further information concerning this r	matter, please call:
LAFAYETTE TURNER II (Name of Contact Person)	at (<u>518</u>) <u>563-5781</u> (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the	Florida Department of State for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee Certificate of S	\$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

CR2E124 (8/08)

FILED



2000 OCT 20 AM 9: 06 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESOLUTION OF THE BOARD OF DIRECTORS TO WITHDRAW THE ALTERNATE NAME FOR USE IN FLORIDA

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned	LAFAYETTE TURNE (Name)	RI	_, do hereby certify
that this Resolution of t	the Board of Directors of		
	(Name of Corpora	tion)	
a corporation duly orga	nized and existing under the laws of	New Jersey (State or Count	
was adopted on	Oct. 13, 2008		_ withdrawing the alternate
name of	THE TRANSED IN	VSTITUTE,	INC.
in Florida as its real na	me is available in Florida.		,
Date: Oct. 13	Jem I	_ PRESIDENT	- ICEU
Signature of Chairma	n, Vice Chairman of the Board, a ctor or any officer	Title of	person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314