## 428234

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORDA

C-8 MH1:09

DEC 11 2013 C. CARROTHERS

Division of Corporation: NAME OF CORPORATION: (\*OMPSOL, ZN:)

DOCUMENT NUMBER: #28234 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JR SHIRLEY K PICKFORD

Name of Contact Person Compsol, The Firm/Company
POBOX 62 1171
Address OVIEDO FZ 32762//7/
City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHIKLEY R PICKFORD at (407) 349 0078

Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & □\$43.75 Filing Fee & **□\$**52.50 Filing F≅ Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy s enclosed)

**Mailing Address** 

TO: Amendment Section

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

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)  H28234  (Document Number of Corporation (if known)	1
<del></del>	14
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the its Articles of Incorporation:	Floring amendment(s) t
A. If amending name, enter the new name of the corporation:	<b>a</b>
The annual paints enter the new name of the corporation.	
name must be distinguishable and contain the word "corporation," "company," or "incorporated;"	The new
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation no word "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable: NA- (Principal office address MUST BE A STREET ADDRESS)	<del></del>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
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 Agen:	<u> </u>
(Florida street address)	
New Registered Office Address:, Florida,	
	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  JAT  Signature of New Registered Agent, if changing	position.

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 = Chic = Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each officer held. President, Treasurer. Director would be 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 Do	<u>e</u>			
X Remove	<u>V</u>	Mike Jones				
_X Add	<u>SV</u>	Sally Smith				
Type of Action (Check One)	Title		Name	Address		
1) Change		_		<del></del>		
Add Remove	ρ		SHIRLEY R PICKFORD	PO BOX 62/17/ OVIEDO FL 32762/17/		
2) Change	P	<del></del>		NO BOXUL 573 OVIEDO FL 3 1762-2575		
Remove 3) Change						
Add Remove		-				
4) Change	<u></u>	-				
Remove  5) Change  Add	<del></del>		<del></del>			
Remove						
6) Change Add Remove		_				

ttach additional sheets, if necessary).	(Be specific)
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f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares.
if not applicable, indicate N/A;	endment if not contained in the amendment itself:
Ay not applicable, maicale N/A;	
χι ποι applicable, inalcale 1924 ;	

The date of each amendment(s) adoption:	if other than $\underline{u}$
Effective date if applicable:	1
no more than 90 days after amendment file da	te)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the arby the shareholders was/were sufficient for approval.	mendment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The follow was not separately provided for each voting group entitled to vote separately on the amendment.	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and action was not required.	l shareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required.	reholder
Dated 1/29/14  D 000 0 (1) 62000 0	
Signature & Light & Charles if directors or officers have	re not been
selected, by an importance if in the hands of a receiver, trustee, o appointed fiduciary by that fiduciary)	r other court
DR. SHIRLEY R PI.CKFOK (Typed or printed name of person signing)	<u>~</u>
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	· ·