## B80114

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SECRETARY OF STATES

SEP. 1.7. 2013

R. WHITE

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Unit Interna	ational		
DOCUMENT NUMI	BER: H47082			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	spondence concerning this ma	tter to the following:		
	Nancy M. Powers	· ·		
		Name of Contact Persor	1	
Unit International				
		Firm/ Company		
	644 Cesery Blvd.	, Suite 200, Jacl	ksonville, FL 32211	
		Address		
	Jacksonville, Flor	ida 32211		
		City/ State and Zip Code	e	
Nai	ncy@UnitInternati	onal.net		
<del></del>	E-mail address: (to be us	sed for future annual report	notification)	
For further information	n concerning this matter, pleas	se call:		
Nancy M. Powers 744-0273				
<u> </u>		<sub>at (</sub> 904	_ <sub>.)</sub> 744-0273	
Name o	of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	artment of State:	
□ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mai	ling Address	Street	Address	
	endment Section		ment Section	
Division of Corporations		Division of Cornerations		

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

18 SEP -9 PH 3:39

		SECRETARY OF STATE	T <del>E.</del>
(Name of Corporation as curren	tly filed with the Flor	rida Dept. of Silited LAHASSEE, FLORI	1) <u>A</u> :
Unit International, $\mathcal{I}_{\mathcal{N}_{\mathcal{C}}}$		1 190	
(Document Numb	er of Corporation (if k	nown)	<del></del>
Pursuant to the provisions of section 607.1006, Fits Articles of Incorporation:	lorida Statutes, this Flo	orida Profit Corporation adopts the follow	wing amendment(s) to
A. If amending name, enter the new name of t	he corporation:		
			TI
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "(word "chartered," "professional association," of	Corp, " "Inc," or "Co	". A professional corporation name mu	
B. Enter new principal office address, if applie	cable:		
(Principal office address <u>MUST BE A STREET</u>	ADDRESS )		
			<del></del>
			<del></del>
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE</u>	<u>E BOX</u> )		_ <del></del>
			<del></del>
D. If amending the registered agent and/or reg new registered agent and/or the new registered.		s in Florida, enter the name of the	
Name of New Registered Agent   INAII	cy M. Powers	· 	
	(Florida street	address)	
New Registered Office Address:	, Florida		
	(City)	(Zip Code)	•
N D : 4 1 4 6 4 6 4 6 4 6 6 6 6 6 6 6 6 6 6 6	<b>15</b>		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		h and accept the obligations of the positio	en.
		, p	
	of New Registered Age	ent, 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 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 X Remove X Add	PT John Do V Mike Jo SV Sally Si	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	<u>P</u> -	JEFFREY R. LANDA	
Remove			
2) Change	2	REIO PURVIS	
Add Remove 3) Change Add	CFO	NANCY M. POWERS	
Remove			
4) Change Add			
Remove  5) Change			
Add Remove			
6) Change			
Add			
Remove			

Tamending or adding additional A attach additional sheets, if necessary)	). (Be specific)			
				******
		<u>.</u>		
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	***			
				<u> </u>
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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				<del></del>

The date of each amendment(s) ado	ption:	, if other than the
late this document was signed.	•	
Effective date <u>if applicable</u> :		
,	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adopt by the shareholders was/were suffi	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
, ,	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	r the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopt action was not required.	ed by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated_ ょ)る	9/13	
Signature	ector, president or other officer – if directors or officers have not been	
(By a dire	ector, 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	d fiduciary by that fiduciary)	
	WARREN P. POWERS	
_	(Typed or printed name of person signing)	
_	SECNETARY	
	(Title of person signing)	•