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(Cit	y/State/Zip/Phone) #)
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SECRETARY OF STATE
TALLAHASSEE, FLORID

C.COULLIETTE

MAY 2 2 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations	
	Amelia Personal Storage, Inc
NAME OF CORPORATION:	Apsco
DOCUMENT NUMBER:	t .
The enclosed Articles of Amendment and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
1<	Para Miller
	ame of Contact Person)
M.((e	Management Inc (Firm/Company)
1315 James	stown Rd 102 (Address)
Williams	ty/ State and Zip Code)
For further information concerning this mat	tter, please call:
(Name of Contact Person)	at (757) 229 7003 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) 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

Articles of Amendment

to

Articles	of	Incorporation

Articles of Incorporation
of FS 6
APSCO, INC.
(Name of Corporation as currently filed with the Florida Dept. of State)
SSE I
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> shops the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Willyman bury VA 23/85
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 Agent:
New Registered Office Address: (Florida street address)
, Florida
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 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)

<u>Title</u>	<u>Name</u>			<u>Address</u>		Type of Action
						Add Remove
						Add Remove
				•		_
			Articles, enter (ry). (Be specifi			
provis	nmendment pro vions for implen not applicable, i	enting the	amendment if n	assification, or canc ot contained in the	ellation of iss amendment i	ued shares, tself:
	155Ue	a	1 stut	100,000	share	:5

The date of each amendment(s) adoption:	1/1/09
(no more than 90 days	after amendment file date)
Adoption of Amendment(s) (CHECK	ONE)
The amendment(s) was/were adopted by the sharel by the shareholders was/were sufficient for approv	nolders. The number of votes cast for the amendment(s) al.
The amendment(s) was/were approved by the sharmust be separately provided for each voting group	eholders through voting groups. The following statement 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)	.,,
The amendment(s) was/were adopted by the board action was not required.	of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorpaction was not required.	porators without shareholder action and shareholder
Dated	29
Signature	
	other officer – if directors or officers have not been – if in the hands of a receiver, trustee, or other court fiduciary)
Will im	printed name of person signing)
(Typed or	printed name of person signing)
PERS.	WENT
(Tit	e of person signing)