P. 01/05

## Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090001792713)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this, page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

Account Name : FILINGS, INC. Account Number : 072720000101 Phono : (850)385-6735

Fax Number : (954)641~4192

COR AMND/RESTATE/CORRECT OR O/D RESIGN

THE TRAVEL STATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Electronic Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

Corporate Filing Menu

8/10/2009

AUG-11-2009 TUE 10:28 AM BLACKSTONE LEG	AL SUPP	FAX NO.	95458341	117	Р	. 02/05
	les of Amend to es of Incorpo of	,	l		/	
THE TRAVEL		TON .	INC.	910		
(Name of Corporation as currently for	iled with the	lorida Depi	of State)	\		
<u> </u>						
(Document Number of	Corporation (	if known)				
Pursuant to the provisions of section 607.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, t	his <i>Florida</i>	Profit Cor	porution adopts	the fol	lowing
A. If amending name, enter the new name of the e	orporation:					
					he nev	
name must be distinguishable and contain the weathbreviation "Corp.," "Inc.," or Co.," or the designame must contain the word "chartered," "profession	nation "Corp,	" "Inc, " or	"Со". Л р	professional corp	or the oration	3 1
B. Enter new principal office address, if applicable (Principal office address MUST BEA STREET ADD		±±±±==+	44.	<b></b>	`•	
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BO	<u></u>			ALLAHASSEE, FLORI	09 AUG 11 PH 2: 5	FILED
D. If amending the registered agent and/or registered new registered agent and/or the new registered			ida, enter	the name of the	- dealing	
Name of New Registered Agent:						
New Registered Office Address:	(Florida :	street address	s)			
	(City)		(Zip C	Florida ode)		
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.	eistered Agen	with and act	cept the obi	igations of the p	osition.	

Page 1 of 3

AUG-11-2009 TUE 10:28 AM BLACKSTONE LEGAL SUPP

FAX NO. 9545834117

P. 03/05

HOGOLO 179 2713

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:

(Aucoh additional sheets, if necessary)

Title .	<u>Name</u>	Address	Type of Action
DPT	LESLIE HEYMAN	3732 NW 164 street Ft Laudendale, FZ 33311	☐ Add ☐ Remove
<u>&gt; v</u> Ps	ROBERT HAYDEN	3732 NW 164 Street Et Lawtentele, FC 23311	☐ Add ☐ Remove
adilgan g ang da pundahananan			☐ Add ☐ Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specif		
	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
The same of the sa			
All the state of t			
	All Parties and a state of the		
provision	endment <u>provides for an exchange, reclass for implementing the amendment if s</u> tapplicable, indicate N/A)		
Anna ( Anna Anna Anna Anna Anna Anna Ann			
No company to the company of the com			
Andrew Mr. Mr. Mr. of a			

AUG-11-2009 TUE 10:28 AM BLACKSTONE LEGAL SUPP FAX NO. 9545834117	P. 04/05
The date of each amendment(s) adoption;  (date of adoption is required)  Effective date if applicable:  (no more than 90 days ofter amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
[ ] The amendment(s) was/were adopted by the shareholders. The number of votes east 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	
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 8/10/09	
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 fouciary)	
(Typed or printed name of person signing)	
Title of person signing)	