## K62598

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Anient C.COULLIETTE JUN 01 2011

**EXAMINER** 



## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Sharon A. Bleich 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:  \$\Begin{array}cccccccccccccccccccccccccccccccccc	NAME OF COR	PORATION:	Hi-Temp, Inc.	articles 1990s 1990s - 2 - are tracted at the articles and
Sharon A. Bleich Name of Contact Person  Hi-Temp, Inc. Firm/ Company  PO Box 125 Address  Balm, Fl. 33503 City/ State and Zip Code  dansha1942@aol.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon A. Bleich Name of Contact Person  The following amount made payable to the Florida Department of State:  \$\frac{33-8580}{Certificate of Status}\$ Certificate of Status  \text{Certificate Copy}{Additional Copy is enclosed}\$ Certificate Copy (Additional Copy is enclosed)  \text{Mailing Address}{Amendment Section}\$  \text{Street Address}{Amendment Section}\$  \text{Street Address}{Amendment Section}\$	DOCUMENT NUMBER:		K62598	
Sharon A. Bleich Name of Contact Person  Hi-Temp, Inc. Firm/ Company  PO Box 125 Address  Balm, Fl. 33503 City/ State and Zip Code  dansha1942@aol.com E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon A. Bleich 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  Certificate of Status Certificate Opy (Additional copy is enclosed)  Mailing Address Amendment Section  Street Address Amendment Section	The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Name of Contact Person	Please return all c	orrespondence concerning th	is matter to the following:	
Hi-Temp, Inc. Firm/ Company  PO Box 125  Address  Balm, Fl. 33503  City/ State and Zip Code  dansha1942@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon A. Bleich  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:  \$\frac{\$\$35\$\$ Filing Fee & \$\$43.75\$\$ Filing Fee & \$\$Certified Copy (Additional Copy is enclosed)  \$\$\frac{\$\$Mailing Address}{\$\$Amendment Section}\$\$  \$\$\frac{\$\$Street Address}{\$\$Amendment Section}\$\$  \$\$Amendment Section			· · · · · · · · · · · · · · · · · · ·	<u>-</u>
PO Box 125  Address  Balm, Fl. 33503  City/ State and Zip Code  dansha1942@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon A. Bleich 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:  \$\Begin{array} \text{S43.75 Filing Fee} & \$\Begin{array} \text		ŗ	Name of Contact Person	
PO Box 125  Address  Balm, Fl. 33503  City/ State and Zip Code  dansha1942@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon A. Bleich 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:  \$\Begin{array} \text{S13} \text{Filing Fee} & \$\Begin{array} \text{S43.75 Filing Fee} & \$\Begin{array} \				
Balm, Fl. 33503  City/ State and Zip Code  dansha1942@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon A. Bleich at 813 633-8580  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:  \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c			Firm/ Company	
Balm, Fl. 33503  City/ State and Zip Code  dansha1942@aol.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon A. Bleich at (813) 633-8580  Name of Contact Person are Code & Daytime Telephone Number  Enclosed is a check for the following amount made payable to the Florida Department of State:  \$\Begin{array}{ c c c c c c c c c c c c c c c c c c c			<del></del>	
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Cansha1942@aol.com	· ,			
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Sharon A. Bleich at (813) 633-8580  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 \$\frac{1}{2}\$43.75 Filing Fee & \$\frac{1}{2}\$43.75 Filing Fee & \$\frac{1}{2}\$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enc		(	ity/ State and Zip Code	
Sharon A. Bleich 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:  \$\Begin{array}cccccccccccccccccccccccccccccccccc		dansh E-mail address: (to be use	a1942@aol.com ad for future annual report notification)	
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□\$35 Filing Fee  Certificate of Status  Certified Copy (Additional copy is enclosed)  Mailing Address Amendment Section  □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  Street Address Amendment Section	Name	of Contact Person	Area Code & Daytime Tele	phone Number
Certificate of Status  (Additional copy is enclosed)  Certificate of Status  (Additional copy is enclosed)  Certificate of Status  Certif	Enclosed is a chec	k for the following amount n	nade payable to the Florida Departi	ment of State:
Amendment Section Amendment Section	□ \$35 Filing Fee		Certified Copy	Certificate of Status
P.O. Box 6327  Tallahassee, FL 32314  Clifton Building 2661 Executive Center Circle	Amendmer Division of P.O. Box 6	nt Section Corporations 327	Amendment Section Division of Corporations Clifton Building	

Tallahassee, FL 32301



## Articles of Amendment to Articles of Incorporation of

Hi-Temp, Inc.			
(Name of Corporation as currently filed with	the Florida Dept. o	of State)	
K62598			
(Document Number of Corpora	tion (if known)		
Pursuant to the provisions of section 607.1006, Florida Statuamendment(s) to its Articles of Incorporation:	ntes, this Florida Pr	ofit Corporation adop	ts the following
A. If amending name, enter the new name of the corporation	on:		
N/A			The new
name must be distinguishable and contain the word "cor abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional assoc	Corp," "Inc," or "C	o". A professional co	
B. Enter new principal office address, if applicable:	N/A	**************************************	· \$
(Principal office address <u>MUST BE A STREET ADDRESS</u> )			
			EMPER 1 MAY 27
			27
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	.N/A		
(, , , , , , , , , , , , , , , , , , ,			9
			<b>30</b>
D. If amending the registered agent and/or registered office	address in Florido	anter the name of th	<b>1</b> 0
new registered agent and/or the new registered office ad		, enter the name of th	<u>C</u>
Name of New Registered Agent: N/A			
		<del></del>	
New Registered Office Address: (Flor	ida street address)	<del></del>	
		. Florida	
(City,	)	(Zip Code)	<del>~</del>
New Registered Agent's Signature, if changing Registered A	Agent:		
herehy accept the appointment as registered agent. I am fam		the obligations of the	position.

Signature of New Registered Agent, 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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
VD	Wesley Scott	3203 Clifford Sample Dr. Tampa, Fl. 33619	
	<del></del>		
	<u> </u>		
N/A	dditional sheets, if necessary). (I	se specific)	
<u>provisi</u> (if r		nge, reclassification, or cancellation of ment if not contained in the amendmen	
N/A			
	· · · · · · · · · · · · · · · · · · ·		

The date of each amendmen	t(s) adoption: May, 23 2011
Effective date <u>if applicable</u> :	(date of adoption is required)
· · ·	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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	(voting group)
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated May	23, 2011
Signature _	
	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
	ointed fiduciary by that fiduciary)
	Sharon A. Bleich
	(Typed or printed name of person signing)
	Secretary
	(Title of person signing)