16368

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: ALMAR AS	SSOCIATES, IN	C
DOCUMENT NUMB	1 16368		
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	В	RIAN STRUNC	K
-		Name of Contact Perso	n
	ALM	AR ASSOCIATES, IN	. · ·
-		Firm/ Company	
		10626 FALLS S	Т.
-		Address	
_	WE	LLINGTON, FL	33414
		City/ State and Zip Cod	e
	E-mail address: (to be us	sed for future annual report	notification)
	concerning this matter, please		\ 531-7637
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	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)	Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address Indment Section Identification of Corporations Box 6327 Industrial House, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

ALMAR ASSOCIATES, INC.

L16368	e Florida Dept. of State)
(Document Number of Corporation	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, the its Articles of Incorporation:	nis Florida Profit Corporation adopts the following amendment(s
A. If amending name, enter the new name of the corporation:	
N/A	The new
name must be distinguishable and contain the word "corpora "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	tion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	12 12 12 12 12 12 12 12 12 12 12 12 12 1
	TAR AR
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10626 FALLS ST.
muning unitess MAI BE AT OST OFFICE BUA	WELLINGTON, FL 334 4
	<u> </u>
	
D. If amending the registered agent and/or registered office ad	ldress in Florida, enter the name of the
new registered agent and/or the new registered office address	
Name of New Registered Agent	
_ 	WELLINGTON, FL 33414
	street address)
New Registered Office Address: 10020 FALLS \$1.	, WELLINGTON , Florida 33414
(0.,	(Elp Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familia.	nt: r with and accept the obligations of the position
Prince St.	with and accept the obligations of the position.
Signature of New Registered	d 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)

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	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add X Remove	SVTD	JOHN STRUNCK	3431 SAPPHIRE ROAD LANTANA, FL 33462
2) Change Add X Remove	PD	MICHAEL STRUNCK	3431 SAPPHIRE ROAD LANTANA, FL 33462
3) Change Add Remove	PDVST	BRIAN STRUNCK	10626 FALLS ST. WELLINGTON, FL 33414
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

E: If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)			
N/A			
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A) N/A			

The date of each amendment(s) a	doption: February 24, 2012
Effective date <u>if applicable</u> :	ebruary 24, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adby the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach 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)
	(voling group)
action was not required. The amendment(s) was/were ad-	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	2/24/12 Vinday of Stanto
Signature	director, president or other officer – if directors or officers have not been
	ed, by an incorporator — if in the hands of a receiver, trustee, or other court
	nted fiduciary by that fiduciary)
	MICHAEL STRUNCK. (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing)