192722

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DIVISION OF CURPURALISMS

Amend CC/CUS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	TILTAMERICA CORPORATION
DOCUMENT NUMBER:	L 92722
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
ROB	ERT W. THEISEN, SR. Name of Contact Person
TIL	TAMERICA CORPORATION Firm/Company
2	PARKVIEW DRIVE Address
R	City/ State and Zip Code WTHEISEN @ LIVE. COM (it to be used for future annual report notification)
For further information concerning th	
	amount made payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing F Certificate of S	
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 of

TILTAMERICA CORPORATION

	ith the Florido Dont of State)
(Name of Corporation as currently filed w	1/11 1/11
L 92727	Z. 045.
(Document Number of Corp	oration (if known)
Pursuant to the provisions of section 607.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
name must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional ass	corporation," "company," or "incorporated" or the "Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable:	2 PARKUIEW DRIVE
(Principal office address MUST BE A STREET ADDRESS	
	PALM COAST, FL 32164-7508
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of new registered agent and/or the new registered office 	address:
Name of New Registered Agent: Zob	ERT W. THEISEN, SR.
	erkview drive
New Registered Office Address: (F	Florida street address)
DALI	M COAST , Florida 32164-7508 (Zip Code)
(C	(Zip Code)
New Registered Agent's Signature, if changing Registere I hereby accept the appointment as registered agent. I am j	ed AgeAt:
Signature of i	New Registered Agent, if changing
Signature of t	To a reasonal customy of 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
			☐ Add☐ Remove
N/A			
	additional sheets, if necessar	Articles, enter change(s) here: ry). (Be specific)	
F. If an a	mondment provides for on	avahanga vaalaasifiaation on aanaalla	tion of issued shows
provis	ions for implementing the not applicable, indicate N/A	exchange, reclassification, or cancella amendment if not contained in the ame)	

The date of each amendment(s)		LY 1, 2	011
Effective date <u>if applicable</u> : //	(date of adopt no more than 90 days after ame	tion is required) endment file date)	2011
Adoption of Amendment(s)	(<u>CHECK ONE</u>)		
The amendment(s) was/were a by the shareholders was/were		he number of vote	es cast for the amendment(s)
The amendment(s) was/were a must be separately provided for	approved by the shareholders the cach voting group entitled to		
"The number of votes cas	t for the amendment(s) was/we	ere sufficient for ap	oproval
by		.,,,	
(ve	oting group)		
The amendment(s) was/were a action was not required. The amendment(s) was/were a action was not required.	adopted by the board of directo		
Signature II	4 UGUST 25, 1 APLLVEY director, president or other office		r officers have not been
selecte	d, by an incorporator – if in the ted fiduciary by that fiduciary)	hands of a receiv	
	M.A. Pa	2110CK	۷.
_	(Typed or printed na	me of person signi	ing)
_	DIRECT		
	(Title of person signing)		_