NO100000 8634

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	·
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200173092362

03/29/10--01045--024 **43.75

HILED
2010 MAR 29 AM 10: 09
SECRETARY OF STATE

NC

T

MAR 3 1 2010

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	DRATION: WARRIORS II	NTERNATIONAL NETW	ORK, INC
DOCUMENT NUM	MBER: N01000008634		
The enclosed Article	es of Amendment and fee are sub	mitted for filing.	
Please return all cor	respondence concerning this matt	ter to the following:	
		RT LAWSON	
	(Name of	Contact Person)	
	WARRIORS INTERN	IATIONAL NETWORK, INC	
	(Firm	/Company)	
5945 DEL LAGO CIRCLE, # 303			
(Address)			
	SUNRIS	SE, FL 33313	
	(City/ Stat	te and Zip Code)	
	WARRIORS30	00@HOTMAIL.COM	
		d for future annual report notifica	tion)
For further informat	ion concerning this matter, please	e call:	
ROBERT LAWS	ON	at (954) 316 - 10°	16
(Nam	e of Contact Person)		e Telephone Number)
Enclosed is a check	for the following amount made p	ayable to the Florida Department	of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi	ling Address endment Section sion of Corporations Box 6327	Street Address Amendment Section Division of Corporation Clifton Building	,

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ENIONAR 29 ANDO 09

WARRIORS INTERNATIONAL NETWORK, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N01000008634

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

e new name must be distinguishable and breviation "Corp." or " Inc." <u>"Company</u>		
Enter new principal office address, if	annlicable:	
rincipal office address <u>MUST BE A STR</u>		*
		·
	#Managed and a second a second and a second	
Enter new mailing address, if applica (Mailing address MAY BE A POST OF		
(Maning address MAT DE A FOST OF	TICE BOX	
	Waste Marie	
		a, enter the name of the
If amending the registered agent and/onew registered agent and/or the new registered of New Registered Agent:		a, enter the name of the
new registered agent and/or the new r		a, enter the name of the
Name of New Registered Agent:	egistered office address:	
<u>Name of New Registered Agent</u> :	egistered office address:	a. enter the name of the, Florida
new registered agent and/or the new r Name of New Registered Agent:	(Florida street address)	, Florida

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
E. <u>If amend</u> (attach ad	ding or adding additional Ar dditional sheets, if necessary).	ticles, enter change(s) here: (Be specific)	
			Banker service visual to the service s
· · ·	**************************************		

The date of each amendment(s) ac	doption: 3/1/2010
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add was/were sufficient for approval.	opted by the members and the number of votes cast for the amendment(s)
There are no members or memb adopted by the board of director	pers entitled to vote on the amendment(s). The amendment(s) was/were s.
have not	hairman or vice chairman of the board, president or other officer-if directors been selected, by an incorporator if in the hands of a receiver, trustee, or art appointed fiduciary by that fiduciary)
	ROBERT LAWSON
	(Typed or printed name of person signing)
	PRINCIPAL DIRECTOR
	(Title of person signing)

Page 3 of 3