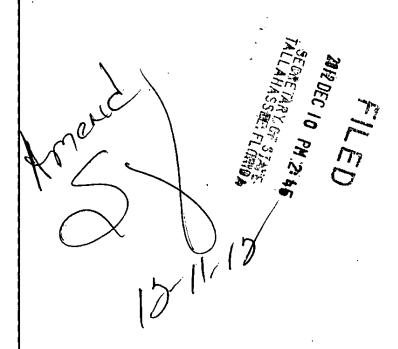


(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL .
(E	Business Entity Name)
(C	Document Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	o Filing Officer:	
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12/10/12--01020--005 **35.00



COVER LETTER

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: N03000006175 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (Address) (City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ame of Contact Person) Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is Enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

TALLAHASSEE FLORIDA

No Life (on ter Ufc, to c(Name of Corporation as currently filed with the Florida Dept, of State)

(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:

ame must be distinguishable and conta Company" or "Co." may not be used i	in the word "corporation" or "incorporated" in the name	or the abbreviation "Corp." o
Enter new principal office address,	if applicable:	
Principal office address <u>MUST BE A</u> S		
Enter new mailing address, if appl (Mailing address MAY BE A POST		
(Muning university MAT BE A 1031	<u> </u>	
If amending the registered agent ar	nd/or registered office address in Florida, e	nter the name of the
If amending the registered agent ar new registered agent and/or the ne		nter the name of the
new registered agent and/or the ne	w registered office address:	nter the name of the
	w registered office address:	nter the name of the
new registered agent and/or the ne	w registered office address:	nter the name of the
new registered agent and/or the ne Name of New Registered Agent:	w registered office address:	nter the name of the
new registered agent and/or the ne	w registered office address:	nter the name of the
new registered agent and/or the ne Name of New Registered Agent:	w registered office address: (Florida street address)	, Florida
new registered agent and/or the ne Name of New Registered Agent:	w registered office address:	
new registered agent and/or the ne Name of New Registered Agent: lew Registered Office Address:	w registered office address: (Florida street address) (City)	, Florida
new registered agent and/or the ne Name of New Registered Agent: lew Registered Office Address: ew Registered Agent's Signature, if c	w registered office address: (Florida street address) (City)	, Florida (Zip Code)

Page 1 of 4

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 X Remove X Add	PT John I V Mike I SV Sally S	<u>Iones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	$\overline{2}$	Daron J. Hudspeth	734 62hd Avenue N Stikkersburg, FL
Remove 2) Change		<u></u>	
Add			
3) Change Add			
Remove 4) Change	•		
Add			
5) Change Add			
Remove			
6) Change Add Remove	 		

tach additional she	ing additional Art eets, if necessary).	(Be specific)			
					
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Γhe	date of each amendment(s) adoption:
	ective date <u>if applicable</u> : 09.01.12
	(no more than 90 days after amendment file date)
A do	option of Amendment(s) (CHECK ONE)
	The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
囡	There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
	Dated 212.7.12
	Signature (By the chairman or vice chairman of the board, president or other officer-if directors
	have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Endlidsneth / Daron J Hudspeth
	Scretury of Orp. / resident of Orpovation
	(Title of person signing)