# N04000001986

(Requestor's Name)
(Address)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special institutions to 1 ming Smeet.

Office Use Only



600228798986

04/16/12--01008--008 \*\*35.00



'APR'1 8 2012 C. MUSTAIN



## **COVER LETTER**

`TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Project Restoration Inc "
DOCUMENT NUMBER: N 9400001286
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kathy Mardinosian (Name of Contact Person)
(Name of Contact Person)
Project Restoration Fnc.
(Firm/ Company)
3702 Windsor Dr (Address)
(Address)
Cocoa FL 32926 (City/ State and Zip Code)
(City/ State and Zip Code)
E-mail address: (to be used for future annual report notification)
E-man address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kathy Mardinosian at 321, 536-0908 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(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 Certified Copy (Additional Copy is enclosed)  \$43.75 Filing Fee Certified Copy (Additional Copy is Enclosed)
Mailing Address Street Address

### Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### <u>Street Address</u>

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# Articles of Amendment to Articles of Incorporation

Project Restoration	n.Inc.
(Name of Corporation as currently filed with the Flor	
NO400000 12	9/0
(Document Number of Corpora	
	,
Pursuant to the provisions of section 617.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Not For Profit Corporation adopts 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 "corporate "Company" or "Co." may not be used in the name.	tion" or "incorporated" or the abbreviation "Corp." or "Inc."
Company or Co. may not be used in the name.	11/4
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	**
	- E 7
	AP
C. Enter new mailing address, if applicable:	N/A SET
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	10//1
	ORILLO
	26 A
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	e address in Florida, enter the name of the
new registered agent and/or the new registered office at	a / / A
Name of New Registered Agent:	N// 1
	<u> </u>
New Registered Office Address:	(Florida street address)
New Registered Office Address.	,/A
(Cip)	/ // , Florida
(Cny)	(zip code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am far	muar wun ana accept the obugations of the position.
Cianature of New Regis	tored Agent if changing

Page 1 of 4

If antending 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 skeets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P \approx President$ ; 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
Change Add Remove	_D	Pavid Le Brun	1882 Murrell Rd Uni + I-31 Rockledge FL 32955
2) Change Add Remove	<u> </u>		
3) Change Add Remove			
4) Change Add Remove	<del></del>		
5) Change Add Remove	<u></u>		
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)				
(attach additional sheets, if necessary).	(Be specific)			
	•			
	<del></del>			

The d	date of each amendment(s) adoption: February 2, 2013			
The date of each amendment(s) adoption: February 2, 2013  Effective date if applicable: February 2 2 2013				
	(no more than 90 days after amendment file date)			
Adop	otion 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.			
	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 $\frac{3/5/2012}{}$			
	Signature Kathy Mardu			
	(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)			
	(Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			