Office Use Only



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07/25/12--01003--012 **35.00



COVER LETTER

TO: Amendment Section ,

Division of Corporations				
NAME OF CORPORATION: PROJEC	CT R.O.C.K.	SOUTH INC		
DOCUMENT NUMBER: NO50000	6301			
The enclosed Articles of Amendment and fee are st	ubmitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
MARIE ROTH				
	(Name of Contact Perso	n)		
ROTH'S BOOKKEEPIN	IG & TAX SE	ERVICE LLC		
	(Firm/ Company)			
3286 OLD EDWARDS	ROAD			
	(Address)			
FORT PIERCE, FL 349	81			
	(City/ State and Zip Cod	e)		
MARIE@ROTHS				
·	sed for future annual report	notification)		
For further information concerning this matter, plea				
MARIE ROTH	at (de & Daytime Telephone Number)		
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)		
Enclosed is a check for the following amount made	payable to the Florida Dep	artment of State:		
\$35 Filing Fee Certificate of Statu	& \$\sumsymbol{1}\\$43.75 Filing Fee & certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)		
Mailing Address		Address		
Amendment Section Division of Corporations		Amendment Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



PROJECT R.O.C.K. SOUTH, INC.

2012 JUL 25 PM 3: 55

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

N05000006301

SECRETARY OF STATE TALLAHASSEE FLORIDA

(Document	Number of Corpora	ation (if known)		
Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporation		s, this Florida Not For Profit Corp	poration adopts the following	
A. If amending name, enter the new na	me of the corporati	<u>on:</u>	The new	
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" or the abb		
B. Enter new principal office address, i	f applicable:	439 SE PORT ST LUCIE BLVD		
(Principal office address <u>MUST BE A ST</u>	REET ADDRESS)	SUITE 101		
		PORT ST LUCIE, FI	_ 34984	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		3286 OLD EDWARDS ROAD		
		FORT PIERCE, FL 34981		
D. If amending the registered agent and new registered agent and/or the new			nme of the	
Name of New Registered Agent:	MARIE RO			
ните от неж першегей лует.	3286 OLD I	EDWARDS ROAD	_	
New Registered Office Address:		(Florida street address)	_	
New Registereu Office Address.	FORT PIEF	RCE , Florid	34981	
	(City)	· · · · · · · · · · · · · · · · · · ·	a Code)	
West Control of the C	red agent. I am fan Muu R ott	niliar with and accept the obligatio	ns of the position.	
Sign	ware of Hew Regist	crea Agent, ij 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 X Remove X Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	CLAIRE DUVIGNAUD	1056 SW WHITTIER TERRACE
X_{Add}			PORT ST LUCIE, FL 34953
Remove			
2) Change	D	DONNA GIBSON	1702 N 15TH ST
XAdd			FORT PIERCE, FL 34950
Remove	5	DAVIDILALI	DO DOV 00 40
3) Change	D	DAVID HALL	PO BOX 9342
X Add			PORT ST LUCIE, FL 34985-9342
Remove			
4) Change	D	BARBARA KINGRY	1741 SE MARIANA ROAD
X			PORT ST LUCIE, FL 34952
Remove			
5) Change	D	OTELLIA MILLER	PO BOX 215
X			PORT SALERNO, FL 34992
Remove			
6) Change	D	JEAN-CLAUDE NORMAN	1124 SW 35TH ST
X Add			PALM CITY, FL 34990
Remove			

ADDITIONAL DIRECTOR:

X ADD

D

WILLOW SANDERS

1720 SE LINPARK COURT PORT ST LUCIE, FL 34952

ttach additional sh	eets, if necessary). (Be specif	change(s) here (ic)	•		
NA						
10 11						

<u> </u>						
				· · · · · · · · · · · · · · · · · · ·	-	

Γhe d	date of each amendment(s) adoption: JUNE 20, 2012
	tive date if applicable: JUNE 20, 2012
	(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 7/18/2012 Signature
	(By the 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)
	LORNA FRECKLETON
	(Typed or printed name of person signing)
	EXECUTIVE DIRECTOR
	(Title of person signing)