

110700001356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

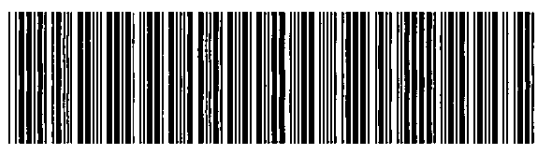
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Amended

2009 JUL -7 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Trinity PPAL, Inc.

DOCUMENT NUMBER: NO7000001356

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Hendrick, Treasurer
(Name of Contact Person)

Trinity PPAL, Inc.
(Firm/ Company)

P.O. Box 115
(Address)

Trinity FL 34656
(City/ State and Zip Code)

bkhendrick@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Hendrick at (727) 375-5747
(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:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2009

KIMBERLY HENDRICK
TRINITY PPAL, INC.
POST OFFICE BOX 115
TRINITY, FL 34656

SUBJECT: TRINITY PPAL INC.
Ref. Number: N07000001356

Articles of Dissolution must comply with section 607.1401, Florida Statutes, if the corporation did not commence business or issue shares.

If there are MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) the date of adoption of the amendment by the members and (2) a statement that the number of votes cast for the amendment was sufficient for approval.

If there are NO MEMBERS OR MEMBERS ENTITLED TO VOTE on a proposed amendment, the document must contain: (1) a statement that there are no members or members entitled to vote on the amendment and (2) the date of adoption of the amendment by the board of directors.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 409A00018474

date of decision
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2009 JUL -7 AM 8:00

RECEIVED

Articles of Amendment
to
Articles of Incorporation
of

Trinity PPAL INC

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

N07000001356

(Document Number of Corporation (if known))

FILED
2009 JUL -7 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

2528 Palesta Dr.
Trinity, FL
34655-5156

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 115
Trinity FL
34656

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Shannon Housholder
2528 Palesta Dr.

New Registered Office Address:

(Florida street address)
Trinity FL 34655-5156
(City) Florida (Zip Code)

New Registered Agent's Signature, If changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Shannon Housholder
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

see separate sheets for additional changes

(attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) adoption: May 5, 2009

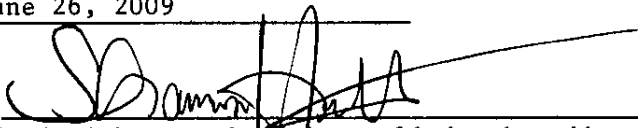
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption 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 June 26, 2009

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)

Shannon Householder

(Typed or printed name of person signing)

Director

(Title of person signing)