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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Commiss	sioned Beyo	ond Borders, Inc.	
DOCUMENT NUMBER: NO700009	9218		
The enclosed Articles of Amendment and fee are sub	mitted for filing.		
Please return all correspondence concerning this matt	er to the following:		
Bob W. Walker, Jr.			
	(Name of Contact Person	1)	
Commissioned Beyond	Borders, Inc	.	
	(Firm/ Company)		
16411 Whistling Pines F	Road		
	(Address)		
Umatilla, FL 32784			
	(City/ State and Zip Cod	e)	
Bwalker194@cor	ncast.net		
E-mail address: (to be use	d for future annual report	notification)	
For further information concerning this matter, please	e call:		
Bob Walker	_{at (} 352	978-0509	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)	
Enclosed is a check for the following amount made p	ayable to the Florida Dep	artment of State:	
\$35 Filing Fee \$\sum \text{\$13.75 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)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment **Articles of Incorporation** of

FILED 13 FEB 21 PH 1:09

Commissioned Beyond Borders, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State) N07000009218

(Document Number of Corporation (if known)

ng

Pursuant to the provisions of section 617.1 amendment(s) to its Articles of Incorporati		s, this <i>Florida Not For Profit</i>	* Corporation adopts the following	
A. If amending name, enter the new nat	me of the corporation	on:		
name must be distinguishable and contain "Company" or "Co." may not be used in		ion" or "incorporated" or th	The ne e abbreviation "Corp." or "Inc.	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		Commissioned Beyond Borders, Inc.		
		16411 Whistling Pines Road		
		Umatilla, FL 327	'84	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Commissioned Beyond Borders, Inc.		
		16411 Whistling Pines Road		
		Umatilla, FL 327	784	
D. If amending the registered agent and new registered agent and/or the new			the name of the	
Name of New Registered Agent: Bob W. Walker, Jr.				
traine of the tragation of the	16411 Whistling Pines Road			
<u>New Registered Office Address:</u>		(Florida street uddress)		
	Umatilla	,,	Florida <u>32784</u>	
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch I hereby accept the appointment as registe Sign	ered agent. I am fan		ligations of the position.	

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 A Add		Doe 2 Jones 2 Smith			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s		
1) Change	STD	Robert E. Williams, Jr.	113 Portland Street Eustis, FL 32726		
X Remove					
2) Change					
Add Remove					
3) Change Add					
Remove					
4) Change Add					
Remove					
5) Change					
Remove					
6) Change Add					
Remove					

attach additional shee	ts, if necessary).	(Be specific)				
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Γhe	e date of each amendment(s) adoption: February 15, 2013			
	ective date if applicable: February 15, 2013			
	(no more than 90 days after amendment file date)			
Ado	option of Amendment(s) (<u>CHECK ONE</u>)			
	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 February 15, 2013			
	Signature Bold Gally			
	(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)			
	Bob W. Walker, Jr.			
	(Typed or printed name of person signing)			
	President/Incorporator/Director			
	(Title of person signing)			