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SECRETARY OF STATE AND A SEEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Name OHANGE (Name of Corporation)
DOCUMENT NUMBER: NO 70000 10970
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
DED RIC THOMBOW (Name of Contact Person)
W 5 Gar Dusukance + TAX Service
8179 N. WWVERSITY DR (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 855 6173 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$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 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

TALLAHASSEE, FLORIDA

None of Corporation as currently filed with the Florida Dept. of State)

None 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:

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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address)	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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. 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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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
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E. If amen (attach a	ding or adding additional Art dditional sheets, if necessary).	icles, enter change(s) here: (Be specific)	
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The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
(no more than 30 days after amenament 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 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)
DEDRIC Thompson
(Typed or printed name of person signing)
President
(Title of person signing)