1080000 367

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	Isiness Entity Nam	e)
. (Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
·		

Office Use Only

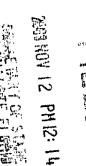
1/11/08



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COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	Apopke	Babe	Puth 1	nc
DOCUMENT NUMBER:	N08000	000 367		
The enclosed Articles of Amenda	nent and fee are su	ıbmitted for filir	ng.	
Please return all correspondence	concerning this ma	atter to the follo	wing:	
	Sames Ke	Ennedy ntact Person)		
A.p.	pka Bak (Firm/C	ompany)	In c	
933	Silvertip (Add	Rod Iress)	 	
<u>Apop</u>	ha F/ (City/ State a	3)-7/) nd Zip Code)		
For further information concerning				
Name of Contact Person) h)	at (<u>407</u> (Area Cod) <u>509 – E</u> le & Daytime Tek	pphone Number)
Enclosed is a check for the follow	ving amount made	payable to the l	Florida Departr	nent of State:
□\$35 Filing Fee □\$43.75 Fil Certificate	ing Fee & e of Status	\$43.75 Filing I Certified Copy (Additional co 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 Addres Amendment So Division of Co Clifton Buildir 2661 Executive	ection orporations	

Tallahassee, FL 32301

· .	Articles of Amendment to Articles of Incorporation of	TATAL PHIZ: 11
	Scabe Kuth Incline ion as currently filed with the Florida	·
NoB0000003	cument Number of Corporation (if known	wn)

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:

he new name must be distinguishable and con bbreviation "Corp." or "Inc." <u>"Company" or '</u>				orațeu UI l
s. Enter new principal office address, if applic Principal office address <u>MUST BE A STREET</u>		933 S Apopka		tip Red 327/6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	Ξ <i>ΒΟΧ</i>)	933 5	lvertif	n Red
		933 Si	FI	327/2
. If amending the registered agent and/or registered agent and/or the new registered Agent:	zistered office	address in Flori	······	
	gistered office ered office add	address in Flori	da, enter	

Page 1 of 3

Signature of New Registered Agent, if 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) See Affachael

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	Tim M. O'Donahoe	B37 Grand Aughey Ct Apopka F1 32712	Add Remove
<u>T</u>	Kelly L. O'Donahoe	837 Grand Hughey 4 APOPKa FI 327/2	Add Remove
<u>T</u>	Mary Anne Ford	alab Old South Ln Alberta Fl 327/2	Add Remove
	g or adding additional Articles, enter cl tional sheets, if necessary). (Be specific		
			
		· · · · · · · · · · · · · · · · · · ·	

Additional Amendments to officers

Title Nome Address Type of Action

AVD Clarence A Walls Jr 1755 Gulf Winds ct

Apopka F1 327/2 Remove

VP Clarence A Walls Jr 1755 Gulf Winds ct

Apopha F1 327/2 Add

Please Change President and Secretary Address's to The following.

P- James Kennedy 933 Silvertip Rd |
Apopha F1 32712 Address

S. Dawn Kennedy 933 Silvertip Rd |
Apopha F1 32712 |

James Kenney
President, Apopla Base Ruth Fue.

The date of each amendment	(s) adoption:	11-10-08	November	- 10, 200B
Effective date if applicable:		n 90 days after amena	lment file date)	*** *** ******************************
Adomtion of Amendment(s)			• /	
Adoption of Amendment(s)	· ·	CHECK ONE)		
The amendment(s) was/we was/were sufficient for app		the members and the r	number of votes cast for	the amendment(s)
There are no members or adopted by the board of dis		ed to vote on the amer	ndment(s). The amendm	ient(s) was/were
Dated/	1-10-0	o8		
Signature _	-4 ann	3 Mundy		
hav	e not been sel		e board, president or otle ator – if in the hands of iduciary)	
		Typed or printed name	ell Kennecly e of person signing)	M _Y -Marine
		Presiden	+	
		(Title of person s	signing)	

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