N08000002421

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(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: T.H.R.I., Inc				
DOCUMENT NUM	BER: N08000002421				
The enclosed Articles	of Amendment and fee are sub	omitted for	r filing.		
Please return all corre	spondence concerning this mat	ter to the	following	g:	
-		an J. Ros		····	
	(Name of	f Contact F	Person)		
	(Firm	n/ Compar	ıy)	, <u></u>	
		Median S	Street		·
	·	ŕ	22420		•
		aton, FL ite and Zip		· -, -	
	thri.rya E-mail address: (to be use	n@gmai		report notific	ation)
For further information	on concerning this matter, pleas	e call:			
Ryan J. Ross		at (561) 212 013	6
(Name	of Contact Person)		(Area	Code & Daytir	ne Telephone Number)
Enclosed is a check for	or the following amount made p	payable to	the Flori	da Departmen	t of State:
□\$35 Filing Fee	☑ \$43.75 Filing Fee & Certificate of Status	Certif	fied Copy itional co		☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divisi P.O. I	ng Address Idment Section Idmon of Corporations Box 6327	· · · · · · · · · · · · · · · · · · ·	Ameno Division Clifton	Address dment Section on of Corporation Building	ons

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

T.H.R.I., Inc		
(Name of Corporation as currently filed w	ith the Florida Dept. of State)	-
N080000024	21	
(Document Number of Corp		_
Pursuant to the provisions of section 617.1006, Florida Statiche following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation:	•	portition ad Sas San 19
The new name must be distinguishable and contain the wabbreviation "Corp." or "Inc." "Company" or "Co." may		AM IO: 2: OF \$1 ATI E. F. ORID
B. Enter new principal office address, if applicable:	11143 Median Street	10A 23
Principal office address <u>MUST BE A STREET ADDRES</u>	Boca Raton, FL 33428	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11143 Median Street	
	Boca Raton, FL 33428	
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office Name of New Registered Agent:		nme of the
New Registered Office Address: (F	Florida street address)	
	, Florid	a Code)
	(City) (Zip	Coae)
New Registered Agent's Signature, if changing Registere hereby accept the appointment as registered agent. I do position.		ligations of the
Signature of N	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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>Director</u>	Ryan J. Ross	11143 Median Street Boca Raton, FL 33428	☑ Add □ Remove
E. If amend (attach ad	ing or adding additional Articl ditional sheets, if necessary).	es, enter change(s) here: (Be specific)	
		- A - A - A - A - A - A - A - A - A - A	

The date of each amendment	t(s) adoption: June 05, 2009
.* Effective date <u>if applicable</u> :	June 05, 2009 (date of adoption is required)
<u> </u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wee was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were irectors.
Dated_June	e 05, 2009
Signature	11. Co.
hav	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	Jonathon M. Ballard
	(Typed or printed name of person signing)
	President
	(Title of person signing)