N08000006015

(Re	questor's Name)		
(Ad	ldress)		
, (Ad	ldress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
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2009 JUL 27 PH 4: 31
SECRETARY OF STATE
TALLAHASSEE. FLORIE

KOP JOS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: SAILvation,	Inc.	
DOCUMENT N	UMBER: N08000006015		
The enclosed Arti	cles of Amendment and fee a	are submitted for filing.	
Please return all c	orrespondence concerning th	is matter to the following:	
Del	borah Luttmann		
	(Name	of Contact Person)	
SA	Lvation, Inc.		· · · · · · · · · · · · · · · · · · ·
	(Fi	rm/ Company)	
891	12 Beeler Drive	(Address)	
		(Addiess)	
Tai	mpa, FL 33626		
-	(City/ S	state and Zip Code)	·
For further inform	nation concerning this matter,	please call:	
Deborah Luttma	nn	at (727) 742-28	49
(Nan	ne of Contact Person)	(Area Code & Daytin	ne Telephone Number)
Enclosed is a chec	ck for the following amount n	nade payable to the Florida De	epartment of State:
₹35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing A	.ddress	Street Address	
Amendme		Amendment Section	
Division of Corporations		Division of Corporations	
P.O. Box 6	5327	Clifton Building	
Tallahasse	e FL 32314	2661 Executive Center (Pircle

Tallahassee, FL 32301

Articles of Amendment to

FI	LED
JUL 2	7 -
SECRETARY TALLAHASSE	05.00
State)	E. FEORIS

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	of	SECRETARY OF STALLAHASSEE. FOR
SA	ILvation, Inc.	TALLAHASSEE ST
(Name of Corporation as curren		of State)
N	08000006015	
	er of Corporation (if known)	
rsuant to the provisions of section 617.1006, F e following amendment(s) to its Articles of Inco		For Profit Corporation ad
If amending name, enter the new name of t	the corporation:	
ne new name must be distinguishable and con obreviation "Corp." or "Inc." <u>"Company" or</u>		
. Enter new principal office address, if applications of the contract of the c		
Incipal Office address MOST BE A STREET	<u> </u>	
	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	F ROY)	
	G DOA	
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(Maning dualess MAT DEAT ODE OTTES		
(Muning dudress MAT DEAT OFF OTTICS		
	ristand office address in Florid	o enter the name of the
. If amending the registered agent and/or renew registered agent and/or the new registered		a, enter the name of the
. If amending the registered agent and/or renew registered agent and/or the new registered.		a, enter the name of the
. If amending the registered agent and/or re		a, enter the name of the
If amending the registered agent and/or renew registered agent and/or the new registered Name of New Registered Agent:	ered office address:	a, enter the name of the
If amending the registered agent and/or renew registered agent and/or the new registered.		a, enter the name of the
If amending the registered agent and/or renew registered agent and/or the new registered Name of New Registered Agent:	ered office address: (Florida street address)	, Florida
If amending the registered agent and/or renew registered agent and/or the new registered Agent:	ered office address:	

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)

<u>Title</u>	Name	<u>Address</u>	Type of Action
Secret	Tiffany J. Krueger	3333 Pasadena Ave. A1 S. Pasadena, FL 33707	
Treasy	Joseph Sacco	200 2nd Ave. S. #347 St. Petersburg. FL 33701	
<u>Direct</u>	Tiffany J. Krueger	3333 Pasadena Ave., A1 S. Pasadena, FL 33707	Add Remove
Please E. If amendi (attach add	All attached sheet for acong or adding additional Articles, enter additional sheets, if necessary). (Be specificational sheets, if necessary).	dditional informations	n.
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			, ,

The date of each amendment(s) adoption: July 20, 2009			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
	(no more than 90 days after amenament file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we 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 rectors.		
hav	the chairman or vice chairman of the board, president or other officer-if directors or not been selected, by an incorporator – if in the hands of a receiver, trustee, or er court appointed fiduciary by that fiduciary)		
,	Deborah A. Luttmann (Typed or printed name of person signing)		
	President		
	(Title of person signing)		

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)

Title	Name	Address	Type of Action
Secretary	Debbie Luttmann	8912 Beeler Drive	Remove
		Tampa, FL 33626	
Director	Joseph Sacco	200 2 nd Ave S. #347	Add
		St. Petersburg, FL 33701	
Director	Connie C. Holt	3816 Player Drive	Remove
l		New Port Richey, FL 34655	
Vice President	Michael Clark	5295 76 th St. N.	Remove
		St. Petersburg, FL 33709	
Chairperson	Connie C. Holt	3816 Player Drive	Remove
		New Port Richey, FL 34655	
Director	Michael Clark	5295 76 th St. N.	Remove
		St. Petersburg, FL 33709	
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