N08000001337

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000145876460

03/16/09--01039--002 **35.00

DIVISION OF CORPORATIONS

Amend 109

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION: INF	INICO, INC	
DOCUMENT NU	MBER: NOBÇ	000001337	114
The enclosed Artic	les of Amendment and fee a	are submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
	ROBERT (Name	A. CHUBB of Contact Person)	DY IT
	INFINICA	TNC,	
***************************************	5264 MA	RTINCIALE (Address)	E LN.
	APOPKA (City/s	+, FL 3371 State and Zip Code)	2-5147
	tion concerning this matter,		
ROBER	of Contact Person)	T 467) 81. (Area Code & Daytim	4-671 e Telephone Number)
Enclosed is a check	for the following amount n	nade payable to the Florida De	epartment of State:
\$35 Filing Fee	\$43.75 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 Ad Amendmen		Street Address Amendment Section	

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

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 Cornoration adopts

the following amendment(s) to its Articles of In		, 1110 * 101 1111	
A. If amending name, enter the new name of	the corporation	on:	
NA			
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" of			
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			A
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			MA
D. If arrowding the registered agent and/on re		adduses in Flori	d44b
D. If amending the registered agent and/or r new registered agent and/or the new registered.			ua, enter the name of the
Name of New Registered Agent:		MA	
New Registered Office Address:	(Flor	V/A- ida street address,)
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing		Agent:	
I hereby accept the appointment as registerea position.	i agent. I am	familiar with and	d accept the obligations of the
	ignature of Nev	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) Title <u>Name</u> Address Type of Action DIRECTOR Madeline Corder DIRECTOR Tara Campbell DIRECTOR Charlotte Mills 701 E. Lakeview Ave XAdd E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary).

. The date of each amendment(s) adop	otion: MARCH 11, 2009
Effective date <u>if applicable</u> :	MARCH 11, 2009
(no mo	re than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopte was/were sufficient for approval.	ed by the members and the number of votes cast for the amendment(s)
There are no members or members adopted by the board of directors.	entitled to vote on the amendment(s). The amendment(s) was/were
Dated	PCH 11, 2009
Signature (By the chai	irman or vice chairman of the board, president or other officer-if directors
	en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)
P	OBERT A: CHUBBOY IT
F	(Typed or printed name of person signing)
	(Title of person signing)