

N08000010353

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(Business Entity Name)

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Amend

02/10/10--01019--016 **43.75

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2010 FEB 10 AM 11:47

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10 FEB 10 AM 11:57

TO ACKNOWLEDGE
SUFFICIENCY OF FILING
ALLAHASSEE, FLORIDA

AR
2/10/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: BOTTANNOON INC.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERRI SAMUELS
(Name of Contact Person)

BOTTANNOON INC
(Firm/ Company)

P.O. Box 6990
(Address)

TALLAHASSEE, FL 32314
(City/ State and Zip Code)

market@bottannonglobal.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERRI SAMUELS at (850) 222-1483
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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 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
of

Bohannon Inc

(Name 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:

A. If amending name, enter the new name of the corporation:

N/A

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)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

(Florida street address)

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

SEE ATTACHED

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The date of each amendment(s) adoption: 2/10/2010

Effective date if applicable: 2/10/2010 (date of adoption is required)
(no more than 90 days after amendment file date)

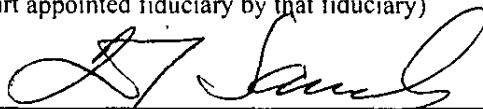
Adoption of Amendment(s) (CHECK ONE)

- ☐ 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 2/10/2010


Signature

(By the chairman or vice 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)



(Typed or printed name of person signing)

ERROL SAMUELS - DIRECTOR



(Title of person signing)

AUDREY SAMUELS - DIRECTOR

Add Article VIII

Board Resolution to Adopt Amendment to Articles of Incorporation

Resolution of Board Compensation

We agree that the majority of our Board of Directors will be non-salaried and will not be related to salaried personnel or to parties providing services. In addition, the salaried individuals cannot vote on their own compensation and that compensation decisions will be made by the board.

We further agree that all compensation paid will be reasonable and will be based on the following factors;

1. The amount and type of compensation received by others in similar positions.
2. The compensation levels paid in our particular geographic community.
3. The amount of time the individual is spending in their position.
4. The expertise and other pertinent background of the individual.
5. The size and complexity of our organization.
6. The need of our organization for the services of the particular individual.

Adopted and approved this 10th day of February 2010 by;



Errol Samuels-Director



Audrey Samuels-Director