N09000000411

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number)
(Business Entity Name) (Document Number)
(Document Number)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
}
1





200159881552

09/03/09--01018--009 **35.00

SEP 17 2009

COVER LETTER

:..

TO: Amendment Section Division of Corporations

•			
NAME OF CORP	ORATION: The (Golden Soldier Pr	oject, Inc.
DOCUMENT NU	MBER: <u>N09</u>	000000411	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning this	s matter to the following:	
-	Daniel	Coune CPA ame of Contact Person	
-	Edward C	o yn e CPA Frm/ Company	
-	9357 W.	Sample Road	
	Coral Spi	ity/ State and Zip Code	65
	· · · · · · · · · · · · · · · · · · ·	Jahoo. Com	
For further informa	tion concerning this matter,	please call:	
Daniel	Coune CPA of Contact Person	at (<u>954</u>) <u>755</u> Area Code & Daytime Tel	ephone Number
Enclosed is a check	for the following amount m	ade payable to the Florida Depar	tment 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 Division of		Street Address Amendment Section Division of Corporations	

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



September 8, 2009

DANIEL COYNE CPA 9357 W SAMPLE RD CORAL SPRINGS, FL 33065

SUBJECT: THE GOLDEN SOLDIER PROJECT INC.

Ref. Number: N09000000411

We have received your document for THE GOLDEN SOLDIER PROJECT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 609A00029768

Teresa Brown Regulatory Specialist II

Division of Corporations - P.O. ROX 6327 -Tallahassee, Florida 32314

_	· — · · · · · · · · · · · · · · · · · ·
	oration FILED 2009 SEP 16 AM 9: 06
	11/10
Articles of Amer	1dment 2009 Sco ED
to	Sr. 16 AL
Articles of Incorp	oration ALLASTAN 9:05
of	AHASSEE STAT
The Golden Soldie	oration TALLAHASSEE. FLORIDA ev Project Inc.
(Name of Corporation as currently filed with	the Florida Dept. of State)
100000000	411
(Document Number of Corpora	ation (if known)
·	
Pursuant to the provisions of section 617.1006, Florida Statute the following amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts
A. If amending name, enter the new name of the corporat	ion:
The new name must be distinguishable and contain the wor abbreviation "Corp." or "Inc." "Company" or "Co." may n	
abbreviation Corp. or Inc. <u>"Company or "Co." may n</u>	or be used in the name.
B. Enter new principal office address, if applicable:	34 Harbor Heights Dr.
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	' Conterport AR/ 11721
	Jerrie Port, to 7 Was
	<u> </u>
C. Enter new mailing address, if applicable:	a H I Della
(Mailing address MAY BE A POST OFFICE BOX)	34 Harbor Heights Er.
	Centerport NV 11721
D. If amending the registered agent and/or registered office	re address in Flarida, enter the name of the
new registered agent and/or the new registered office a	
Dag	Couna CDA
Name of New Registered Agent:	Ter Course Civi
9357	W. >ample 100
New Registered Office Address: (Flo	orida street address)
Coral	SOCIONS, Florida 33065
	(Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agents and	
position.	

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add Remove	
			Add Remove	
	nding or adding additional Articles, en additional sheets, if necessary). (Be sp			
Arti	icle II and VII		·	
- ih			corporator	
<u>~~</u>	d officers be cha	nged to	•	
	ristin Griskie	R	ichard Griskie	_
\wedge	Hurbor Heights Dr.		4 Harbor Heights &	
(er	terport, NY 117	21 (enterport, NY 1178	}
			·	
				
	,		·	

The date of each amendment(
Effective date if applicable:	(date of adoption is fequired)
in appression.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro-	e adopted by the members and the number of votes cast for the amendment(s) oval.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ectors.
have	the chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or
other	Christin Griskie (Typed or printed name of person signing)
	(Title of person signing)