

N 09 000003047

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000078972 3)))



H090000789723ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FILED
09 APR -3 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN**FASUNET, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED
2009 APR -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

Amund
4/10

④

Articles of Amendment
to
Articles of Incorporation
of

H090000078972

FASUNET, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

N09000003047

(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:

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)

6980 NW 186TH STREET
#315
MIAMI, FL 33015

09 APR -3 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6980 NW 186TH STREET

#315

MIAMI, FL 33015

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:

6980 NW 186TH ST, #315

New Registered Office Address:

(Florida street address)

MIAMI, FL

(City)

Florida 33015

(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.

Signature of New Registered Agent, if changing

H090000078972

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
 9. What are the references?
 10. What are the appendices?

The date of each amendment(s) adoption: _____

4-3-2009 H09000078972

Effective date if applicable: _____

(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 4/3/2009

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)

JOSE REYES

(Typed or printed name of person signing)

CHAIRMAN

(Title of person signing)

Page 3 of 3

H09000078972