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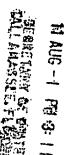
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
. •			

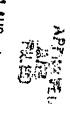
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: FOR the	people consul	tinganc			
DOCUMENT NUMBER: NOOCO	Э ЭШ <u>.</u>				
The enclosed Articles of Amendment and fee are sub	mitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
BRONOON W (Name of	Contact Person)	·			
tor the peop	PIE CONSUHIA	g.and			
1031 IVES CITCIEU ROOCI (Address)					
Mi Cimi 71. (City/ State	33179 e and Zip Code)				
	for future annual report notification	on)			
For further information concerning this matter, please	call:				
BRONCION WILLIAMS (Name of Contact Person)	at (780) 985 · (Area Code & Daytime	7226 Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Department of	f 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 Ci	·			

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curr	ently filed with the Plorida Dept. of State	<u>utm</u>	215	Τ(
NOGOOO	111			
(Document Nur	mber of Corporation (if known)			
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		Corporation s	adopts	
A. If amending name, enter the new name of the corporation:				
The new name must be distinguishable and cabbreviation "Corp." or "Inc." "Company" of B. Enter new principal office address, if app	or "Co," may not be used in the name.	ned" of the	AUG-1 PH	
(Principal office address MUST BE A STREE			3: -	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		ary 238 23179		
D. If amending the registered agent and/or new registered agent and/or the new regis	registered office address in Florida, enter the	name of the	<u>e</u>	
Name of New Registered Agent:				
New Registered Office Address:	(Florida street address)			
		rida Zip Code)		
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.		obligations o	of the	
	ignature 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
DIR	Brand		00021 00021 miam, 71.3300	Add Remove
DIR	20Kiuc	a CROWICRO	18400 NIM Oth	Add CRemove
	***************************************			☐ Add ☐ Remove
E. If amend	ing or adding ad	ditional Articles, enter cl	hange(s) here:	
	amonai sneets, y	necessary). (Be specific		· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption:	1 2	2	2011
•	(date of	adop	ion is required)
Effective date if applicable:			
(no m	ore than 90 da	ays a	ster amendment file date)
Adoption of Amendment(s)	CHECK ONE)	
The amendment(s) was/were adopted by t was/were sufficient for approval.	he members ar	nd the	e number of votes cast for the amendment(s)
There are no members or members entitle adopted by the board of directors.	ed to vote on th	ne am	nendment(s). The amendment(s) was/were
Dated 7/28/2011 Signature		<u></u>	
(By the chairman o	cted, by an in	corpo	the board, president or other officer-if directors orator – if in the hands of a receiver, trustee, or it fiduciary)
	yped or printe		me of person signing)
	President /	Dira	tor
	(i itte of p	EL201	n signing)

Page 3 of 3