N 0900010281

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

Office Use Only



100208194121

06/02/11--01008---031 **35.00

11 JUN -2 AM 10: 39

Anera C.COULLIETTE JUN 0.6 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ation: San-She	el Incorporated			
DOCUMENT NUMB	ER:N090000102	81			
The enclosed Articles	of Amendment and fee are subm	itted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Shaneka 1 (Name of C	Ahitlock ontact Person)			
	San-Shel I	ncorporated Company)			
	P.O. Box 2	2730 dress)			
	Sanford, (City/ State	FL 32772 and Zip Code)			
 	Sansheling & val E-mail address: (to be used	or future annual report notification	on)		
For further information concerning this matter, please call:					
Shanek (Name o	a Whitlack f Contact Person)	at (407) <u>(483 · 1</u> (Area Code & Daytime	94(e Telephone Number)		
Enclosed is a check for	the following amount made pay	able to the Florida Department o	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 C Tallahassee, FL 32301	ircle		

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed wit	Oprated th the Florida Dept. of S	tate)	
1000000		(101	<u></u>	
(Document Nun	nber of Corpor	ration (if known)		
Pursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of In		es, this <i>Florida Not For</i>	Profit Corporation	adopts
A. If amending name, enter the new name of	f the corpora	tion:		
The new name must be distinguishable and co			corporated" or th	- e
abbreviation "Corp." or "Inc." <u>"Company" o</u>	r "Co." may 1	not be used in the name.		
B. Enter new principal office address, if app	licable:			二 意
(Principal office address <u>MUST BE A STREE</u>	<u>TADDRESS</u>)		JUN -2
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)				JUN -2 AM 10:39
D. If amending the registered agent and/or renew registered agent and/or the new regis			nter the name of t	- - <u>he</u>
Name of New Registered Agent:		1		
New Registered Office Address:	(Fl	orida street address)		
			, Florida	<u>.</u>
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing the hereby accept the appointment as registered position.			ept the obligations	of the
	iomature of M	ow Registered Agent if ch	anaina	

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>Address</u> **Type of Action** <u>Title</u> Name Parene Arrington E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s	adoption: 01/16/2011
•	(date of adoption is required)
Effective date <u>if applicable</u> :	
	(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-	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or me adopted by the board of direct	embers entitled to vote on the amendment(s). The amendment(s) was/were etors.
have i	ne 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 court appointed fiduciary by that fiduciary) Niue D Application (Typed or printed name of person signing)
	PRESIDENTI
	(Title of person signing)