## N12000002963

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: SOLTH FLOW	CIDA QUALANEX BANGO	.s METHORK, IN	
DOCUMENT NUMBER: NICOSO	2963		
The enclosed Articles of Amendment and fee are submit	tted for filing.		
Please return all correspondence concerning this matter	to the following:		
Donna MILLER			
0	Name of Contact Person)		
	(Firm/ Company)		
650 SW 124 TERRA	E, PQII		
	(Address)		
PENEROKE PINES, FL	33027		
((	City/ State and Zip Code)		
E-mail address: (to be used for	DECOLO NAMO. COM or future annual report notification)		
For further information concerning this matter, please ca	dl:		
Torine	at 754 244-	7449	
(Name of Contact Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for the following amount made paya	able to the Florida Department of State:		
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & Certificate of Status	1\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)  Certified Copy (Additional Copy is enclosed)	Status y	
Mailing Address  Amendment Section	Street Address		
Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center C	ircle	
•			

Tallahassee, FL 32301

## Articles of Amendment to

Articles of Incorporation

<u> </u>	of	٨
STITULE FLARTON COUNTRY B	MILOON NETWORK, INCOM	rporated
(Name of Corporation as currently filed with the I	Florida Dept. of State)	4.00
N12mm 201.2		
(Document Number of	Corporation (if known)	
·	•	
Pursuant to the provisions of section 617.1006, Florida State amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation ado	pts the following
A. If amending name, enter the new name of the corpor	ation:	
$\sim$	'A	The new
name must be distinguishable and contain the word "conpo "Company" or "Co," may not be used in the name.	ration" or "incorporated" or the abbreviation "C	Corp." or "Inc."
B. Enter new principal office address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	$(\underline{S})$	
		<del></del>
C. Enter new mailing address, if applicable:		> 60 = 10
(Mailing address MAY BE A POST OFFICE BOX)		
	$\mathcal{N}/A$	
		が行う
		7 3 1
D. If amending the registered agent and/or registered of	ffice address in Florida, enter the name of the	30 🛣 🕻
new registered agent and/or the new registered office	e address:	ਜ਼ੁੱ <b>ਲ</b> 2 <b>ਲ</b>
Name of New Registered Agent:		
	$\mathcal{N}/A$	
	(Florida street address)	
New Registered Office Address:		
	, Florida	
(Cit	ty) (Zi	p Code)
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the po	sition.
Signature of Ne	ew Registered Agent, if changing	
Signature of the		

Page 1 of 4

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X.Add	PT John I V Mike SV Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change Add Remove	I	MARGUERITE HARREU	130, SW 142 MANE, #303 REMERCIKE PINES, FL 33027
2) Change Add		<u> </u>	
Remove 3) Change Add		N/A	
Remove 4) Change Add		M/A	
Remove  5) Change Add		W/A	
Remove 6) Change		MA	
Add		Page 2 of 4	

f amending or adding additiona attach additional sheets, if necesso	ry). (Be spec	ific)	_		
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Page 3 of 4

The date of each amendment(s) adoption:  date this document was signed.  Effective date if applicable:  (no more than 90 days after amendment file date)	, if other than the
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    a   3 Signature   Dilled	
(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)	<del></del>
Donna MELLER	
(Typed or printed name of person signing)	
(Title of person signing)	