N 1900000 21658

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

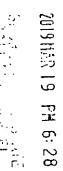
Office Use Only



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COVER LETTER

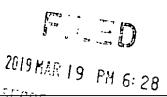
TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

R, INC.		
nitted for filing.		
er to the following:		
(Name of Contact Pers	on)	
•		
(Firm/ Company)		
(Address)		
(City/ State and Zip Co	de)	
for future annual repor	1 notification	n)
call:		
		510-0998
		(Daytime Telephone Number)
yable to the Florida Dep	pariment of	State:
S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif (Addi	0 Filing Fee ficate of Status fied Copy tional Copy is osed)
Amer Divis	idment Section of Corp	
	nitted for filing. r to the following: (Name of Contact Pers (Firm/ Company) (Address) (City/ State and Zip Co for future annual report call: at (Address) Street Amere Divis	nitted for filing. r to the following: (Name of Contact Person) (Firm/ Company) (Address) (City/ State and Zip Code) for future annual report notification call: at 727 at (Area Code) yable to the Florida Department of Certified Copy (Certified Copy (Additional copy is enclosed) (Additional copy is certified Copy (Additio

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



SAVE BARDMOOR, INC.

Strong PM 6: 28

(Name of Corporation	as currently filed with the Flor	ida Dept. of State)
N19000002658		
(Docum	ent Number of Corporation (if k	nown)
Pursuant to the provisions of section 617.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this Florida Not Fo.	r Profit Corporation adopts the following
A. If amending name, enter the new name of the	corporation:	
N/A		The new
name must be distinguishable and contain the word "Company" or "Co." may not be used in the name		l" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applical	8425 BARDMOOR I	PLACE
(Principal office address MUST BE A STREET A)		77
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u>30X</u>)	
D. If amending the registered agent and/or registered agent and/or the new registered Name of New Registered Agent:		enter the name of the
<u> </u>	8597 BARDMOOR PLACE	
<u>New_Registered Office_Address:</u>	(FI	orida street address)
	SEMINOLE	, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing R I hereby accept the appointment as registered agent		the obligations of the position.
_	Signature of Virus Parties	ered 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)

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	<u>PT</u> <u>V</u> <u>SV</u>	John Doe Mike Jones Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) X Change	D	PHILLIP DAY	10801 STARKEY ROAD
Add			#104-245
Remove			SEMINOLE, FL 33777
2) Change			
Add			
Remove			
3) Change		_	
Add			
Remove			
4) Change		_	
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			<u> </u>

N/A			<u> </u>	(Be specific)	nending or adding additional Arti ch additional sheets, if necessary).
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