

N49417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

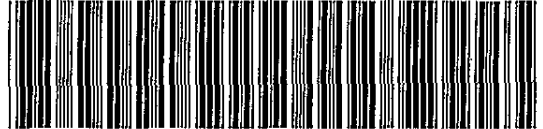
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Polonia, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N49417

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elzbieta Wisniewski
(Name of Contact Person)

Polonia, Inc.
(Firm/Company)

Po Box 5951
(Address)

Clearwater FL 33765
(City/State and Zip Code)

For further information concerning this matter, please call:

Elzbieta Wisniewski at (727) 462-5244
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Paid

\$35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy

\$52.50 Filing Fee, Certificate of Status & Certified Copy

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 Circle
Tallahassee, FL 32301

RECEIVED
06 APR -3
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 22, 2006

ELZBIETA WISNIOWSKI
P.O. BOX 5951
CLEARWATER, FL 33758

SUBJECT: POLONIA, INC.
Ref. Number: N49417

We have received your document for POLONIA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 706A00019557

Articles of Amendment
to
Articles of Incorporation
of

Polonia, Inc.

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

FILED
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TALLAHASSEE FLORIDA
SECRETARY OF STATE

NH9417

(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:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import in language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (**BE SPECIFIC**)

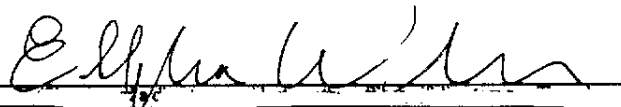
- ① Reg. Agent address - 4350 16 St. N., St. Pete., FL, 33703
- ② Mailing address - PO Box 5951, Clearwater, FL, 33758
- ③ Treasurer - Wisniewski, Elzbieta
304 S. Hercules Ave, #3, Clear., FL. 33765
- ④ Secretary - Kaniewska, Alfreda

The date of adoption of the amendment(s) was: 3/28/06

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 was sufficient for approval.
- There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

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.)

Elzbieta Wisniowski
(Typed or printed name of person signing)

Treasurer
(Title of person signing)

FILING FEE: \$35