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TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	ING EXTENSION PARTNERSHIP, INC.
N9400000477 DOCUMENT NUMBER:	
	g):
The enclosed Articles of Amendment and fee are submitted for	r filing.
Please return all correspondence concerning this matter to the	following:
J. MARSHALL FRY, ATTORNEY AT LAW	
(Name	of Contact Person)
J. MARSHALL FRY, ATTORNEY AT LAW	
(Fi	rm/ Company)
2999 ALTERNATE 19, SUITE A	
	(Address)
PALM HARBOR, FL 34683	
(City/ S	tate and Zip Code)
jmfryatty@aol.com	
E-mail address: (to be used for futu	re annual report notification)
For further information concerning this matter, please call:	
J. MARSHALL FRY	727 785-8014 at
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount made payable to	the Florida Department of State:
(Add	75 Filing Fee & S52.50 Filing Fee Fied Copy Certificate of Status Stional copy is Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section	Street Address Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FLORIDA MANUFACTURING EXTENSION PARTNERSHIP, INC.

(Name of Corporation as curren	tly filed with the Florida D	ept. of State)
N94000000477		
(Document Numb	er of Corporation (if known))
Pursuant to the provisions of section 617.1006, Florida Statutomendment(s) to its Articles of Incorporation:	es, this <i>Florida Not For Pro</i>	fit Corporation adopts the following
A. If amending name, enter the new name of the corporat	on:	
EX-FLMEP, INC.		The new
ame must he distinguishable and contain the word "corpora Company" or "Co." may not he used in the name.	tion" or "incorporated" or	
3. Enter new principal office address, if applicable:	NOT APPLICABLE	
Principal office address <u>MUST BE A STREET ADDRESS</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NOT APPLICABLE	To.
		** **********************************
D. If amending the registered agent and/or registered office		the name of the
new registered agent and/or the new registered office a		
Name of New Registered Agent: NOT API	PLICABLE	
	(Flortda s	treet address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
iew Registered Agent's Signature, if changing Registered	Agent:	
hereby accept the appointment as registered agent. I am fai		bligations of the position.

• 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 a change, Mike Jones lea Mike Jones, V as Remove	ives the corporatio	on, Sally Smith is named the V and S. These s	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,		
Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	ones			
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s		
l) Change Add Remove					
2) Change Add					
Remove 3) Change Add					
Remove 4) Change					
Add Remove					
5) Change Add Remove					

6) ____ Change

___ Add

____ Remove

amending or adding additional Artitach additional sheets, if necessary).	(Be specific)

•	April 22, 2016	
	each amendment(s) adoption:cument was signed.	, if other than the
Effective da	ate <u>if applicable</u> :	
	(no more than 90 days aj	ter amendment file date)
Note: If the document's o	e date inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as the
Adoption of	f Amendment(s) (CHECK ONE)	
	nendment(s) was/were adopted by the members and the rere sufficient for approval.	number of votes cast for the amendment(s)
	are no members or members entitled to vote on the amend by the board of directors.	dment(s). The amendment(s) was/were
	Dated April 22, 2016	
	Signature Charles Comments	
	(By the chairman or vice chairman of the box have not been selected, by an incorporator other court appointed fiduciary by that fiduciary	- if in the hands of a receiver, trustee, or
	O. EUGENE LUSSIER	
	(Typed or printed	d name of person signing)
	PRESIDENT	
	(Title	of person signing)