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2009 OCT 26 PM 1: 35
SECRETARY OF STATE

ROR 10/27/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	RPORATION:	POME	OATO	Ins	titute	elnc
NAME OF CO	RIGRATION		22 . , , , , ,		111MI	
DOCUMENT I	NUMBER:	N950	000005	932		
The enclosed Ar	ticles of Amendmer	t and fee are	submitted for	filing.		
Please return all	correspondence con	cerning this n	natter to the fo	llowing:		
	F	Florence	e Bw	H EVE		
_		(Name	of Contact Pe	rson)		
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		(F i	irm/ Company)		
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_	SANFO	ed	State and Zip C	327	73	
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For further infor	mation concerning t	his matter, ple	ease call:			
Rubi	n Marti	~	at (4	07)	321-	8619 Telephone Number)
(1)	ame of Contact Per	son)		(Area Code	& Daytime	Telephone Number)
Enclosed is a ch	eck for the following	g amount mad	e payable to th	ne Florida D	epartment o	f State:
□\$35 Filing Fe	e		Certifie	75 Filing Feed Copy onal copy is ed)		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	Mailing Address			Street Add		•
	Amendment Section Division of Corporation	ons		Amendmen Division of	t Section Corporations	.
	P.O. Box 6327			Clifton Bui	lding	
	Tallahassee, FL 32314	ļ		2661 Execu	tive Center C	Circle

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation 2009 OCT 26 PM 1:35 SECRETARY OF STATE ALLAHASSEE FLORID as currently filed with the Florida Dept. of State) (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: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 5. ORIANDO DR B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1000 C. Enter new mailing address, if applicable: S. ORLAND DR. (Mailing address MAY BE A POST OFFICE BOX) 1000 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address) New Registered Office Address:

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations 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)

<u>Title</u>	<u>Name</u>		<u>Address</u>	Type of Action
P/D	Ruby	Martin Butter	2913 S. ORLANDO DR Shite 1000 Sanford, F1 32773	✓ Add ☐ Remove
<u>P/0</u>	HARVE	Buller	503 Wally Ave 5AMBEN, \$132773	
				☐ Add ☐ Remove
		onal Articles, enter e essary). (Be specif		

The date of each amendment(s) adoption: (date of adoption is required) 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(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.
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
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☐ 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
was/were sufficient for approval. There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were
Dated 10 - 1 - 09 Signature
(By the chairman or vice chairman of the board, president or other officer-if direct have not been selected, by an incorporator – if in the hands of a receiver, trustee other court appointed fiduciary by that fiduciary)
TIORENCE BUTEL (Typed or printed name of person signing)
(Title of person signing)