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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ration: DEL	RAY ROCKS, INC-	
DOCUMENT NUM	BER:	900004027	
The enclosed Articles	of Amendment and fee are s	submitted for filing.	
Please return all corre	espondence concerning this m	atter to the following:	·
		of Contact Person)	
	(Fi	rm/ Company)	
	238 SW 13T	H AVENUE	
		(Address)	<del></del>
	DECRAY BEAC	H, FL 33444	
	<del></del>	State and Zip Code)	
For further information	ACTONYONE E-mail address: (to be upon concerning this matter, ple	Sed for future annual report notific	cation)
roi igithei mioimani	on concerning this matter, pie	ase can.	
	HEL CARUSO	at ( 561 ) 843 (Area Code & Dayt	-0219
(Name	of Contact Person)	(Area Code & Dayt	ime Telephone Number)
Enclosed is a check for	or the following amount made	e payable to the Florida Departmen	nt of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle

## Articles of Amendment to Articles of Incorporation of

DELRAY ROCK	vith the Florida Dept. of State)  9000
(Name of Corporation as currently filed v	with the Florida Dept. of State)
N9900000	4027
(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 617.1006, Florida Sta the following amendment(s) to its Articles of Incorporation	
A. If amending name, enter the new name of the corpo	ration:
DELRAY ROCKS YOUTH ORGANIZAT	eon, INC.
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." <u>"Company" or "Co." ma</u>	word "corporation" or "incorporated" or the y not be used in the name.
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	SS) N/A
	~ ~ ~ ~
C. Enter new mailing address, if applicable:	lo.
(Mailing address MAY BE A POST OFFICE BOX)	N/A
·	
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	<u>ce address:</u>
Name of New Registered Agent:	n14
New Registered Office Address:	(Florida street address)
	F1 . 4.
	(City), Florida_ (Zip Code)
	(515)
, , ,	<mark>red Agent:</mark> I am familiar with and accept the obligations of th
position.	N/K
Ciquatura	f New Registered 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	A/4		
			Remove
E. If amen (attach a	nding or adding additional Article additional sheets, if necessary). (A	s, enter change(s) here: Be specific)	
<del></del>			

The date of each amendment(s) adoption:	NOVEMBER 3, 2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	
(no more	than 90 days after amendment file date)
Adoption of Amendment(s) (CHE	CK ONE)
The amendment(s) was/were adopted by the n was/were sufficient for approval.	nembers and the number of votes cast for the amendment(s)
There are no members or members entitled to adopted by the board of directors.	vote on the amendment(s). The amendment(s) was/were
Dated 11/4/09 Signature	Fide 15
(By the chairman or vi	ce chairman of the board, president or other officer-if directors i, by an incorporator – if in the hands of a receiver, trustee, of fiduciary by that fiduciary)
Non	TAN GIDDINGS
(Турс	ed or printed name of person signing)
Vice	PRESIDENT
	(Title of person signing)

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