P00000077103

	(Requestor's Name)	
	(Address)	
	(Address)	
<u> </u>	(City/State/Zip/Phone #)	
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
······································	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer.	

Office Use Only



600188733016

01/04/11--01001--020 **35.00

DEFANCASHI OF STATE HVISIOH OF CORPURATION TALL AHASSEE. FLORIDA

RECEIVED

11 JAN - 3 W 3 43 ECRETARY OF STATE 11 AHASSEE, FLORID

FILED



COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Four Star Installation				
DOCUMENT NUMBER: POODO 7103				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Same of Contact Pe	erson .			
Firm/ Company	/			
Address				
City/ State and Zip Code Cruster Shan Hay-1 @ Jahoo com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: James Last at (350) 509-2355 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:				
\$35 Filing Fee \$\times \$43.75 Filing Fee \$\times \$\text{Certificate of Status}\$\$ Certified (Addition				
Division of Corporations P.O. Box 6327 Division of Clifton Bu	ont Section of Corporations			

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FIL	.ED
11 JAN -3	An -
SECRETARY ALLAHASSEL	OF STAIR
	FLORIDA

Name of Corporation as currently filed with the

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

ame must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	e designation "Corp," "Inc	c," or "Co". A professional corpor
3. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		·
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
. If amending the registered agent and/or now registered agent and/or the new registered agent: Name of New Registered Agent:		n Florida, enter the name of the
new registered agent and/or the new regi		
Name of New Registered Agent:	stered office address:	

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>	Name	Address	Type of Action
Treasure	Amber Hart	17) Ann Clr Crawford Ville Fl 32327	Add Remove
	.		
(anuch uddi	itional sheets, if necessary). (Be spe		
provisions	ndment provides for an exchange, restorment in the summer of the summer		
		· · · · · · · · · · · · · · · · · · ·	

The date of each amendment(s) adoption:/3///		
Effective date if applicable:	(date of adoption is required)	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated	1/3/1)	
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	