Paramorphism (ill) 50 (3059752611 7 p.1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000237878 3)))



H090002378783ABCE

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

Fax Number : (561)455-9885

COR AMND/RESTATE/CORRECT OR O/D RESIGN

STADELMANN CONSULTING, INC.

Certificate of Status	atus 0	
Certified Copy	0	
Page Count	93"4	
Estimated Charge	\$35.00	

Electronic Filing Menu

Corporate Filing Menu

Help

TP

NOV 1 0 2009

850-617-6381

11/10/2009 10:35:30 AM PAGE

1/001 Fax Server



November 10, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

STADELMANN CONSULTING, INC. % JOHN T. ANDERSON, ATTY P.O. BOX 451 CASCADE, CO 80809

SUBJECT: STADELMANN CONSULTING, INC.

REF: P00000115847

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

If the corporation is a PROFIT corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a NOT FOR PROFIT corporation it must be signed 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.

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) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H09000237878 Letter Number: 609A00035211

2009 NOV 10 AM 8: 00

P.O BOX 6327 - Tallahassee, Florida 32314

4090000378783

Articles of Amendment to Articles of Incorporation

	NCONSULTING, INC.		
(Name of Corporation as curre	ntly filed with the Florida	Dept. of State)	,
P00	000115847	•	
	ber of Corporation (if know	m)	
Pursuant to the provisions of section 607.1006 following amendment(s) to its Articles of Incorp		orida Profit Corporation a	dopts the
A. If amending name, enter the new name of	the corporation:		
The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name ussociation," or the abbreviation "P.A."	"Inc.," or Co.," or the de	lesignation "Corp," "Inc,"	or
B. Enter new principal office address, if appl	icable:		
(Principal office address <u>MUST BE A STREE)</u>	<u>r Address</u>)		س ے
		20	_5 ~~
			10000000000000000000000000000000000000
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		HAS.	19 NOV 10 PH 2: 43
(Matting dualess MAT BE A 1031 01111	<u> вол</u> у		福星
			7 N
			<u> </u>
		771	
D. If amending the registered agent and/or renew registered agent and/or the new registered.		Florida, enter the name of	tne
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ad	idress)	
_		, Florida	_
	(City)	(Zip Code,)
New Registered Agent's Signature, if changin I hereby accept the appointment as registered position.	g Registered Agent: agent. I am familiar wi	th and accept the obligation	ns of the
Si	gnature of New Registered .	Agent, if changing	

H090002378783

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
<u>VP</u>	William S. Stadelmann	200 WRENN STREET TAVERNIER FL 33070	_ 🖸 Add _ 🗖 Remove
	· · · · · · · · · · · · · · · · · · ·		_ □ Add _ □ Remove
			Add Remove
(attach a	ding or adding additional Articles, entered ditional sheets, if necessary). (Be spec	cific)	
provisi	mendment provides for an exchange, reons for implementing the amendment is cot applicable, indicate N/A)	classification, or cancellation of is f not contained in the amendment	sued shares, itself:

The date of such naturalment	(e) adoption: 11/10/2009
Effective date if applicable:	
Directive mare in abbases de-	(no more than 90 days offer amendmant file date)
Adoption of Amendment(v)	(CHECK ONE)
I The amendment(s) was we by the sharehokiess was w	re adopted by the shareholders. The number of voice east for the amendment(s are sufficient the approval.
The amendment(s) was we must be separately provide	to approved by the shareholders through voting groups. The following statement for each voting group entitled to vote soporately on the amendment(s):
"The number of your	cast for the assenting state) was were sufficient for approval
by	(ranks group)
The amendment(3) was we action was not required.	re adopted by the board of directors without shareholder settion and shareholds
The accordance (c) was we action was not required.	co adopted by the incorporators without shareholder action and shareholder
Dated_1471	0/2099
Signature_	on un
sch	a director, postdent or other officer—if directors or officers have not been coted, by an incomparator—if in the hands of a receiver, statte, or other court conted fiduciary by that fiduciary)
	William S. Stadelmann (Typed or printed name of persons signing)
	VICE PRESIDENT
	(Title of person signing)