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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	:FRA	SER ENTERPRISES	, INC
DOCUMENT NUMBER:		P01000006518	-
The enclosed Articles of Amend	<i>dment</i> and fee are sub	mitted for filing.	
Please return all correspondence	e concerning this matte	er to the following:	
		M. AUSTIN	
	Name of	Contact Person	
	FRASER EN	TERPRISES, INC	
	Firm/	/ Company	
	257 PLAZA DRIVE, SUITE D		
		Address	_
	OVIEDO	O, FLORIDA	
		e and Zip Code	
E-mail	AUSTIN@CF	L.RR.COM ture annual report notification)	
For further information concern	ing this matter, please	call:	
SCOTT AUS	ΓIN	or (407) 97	77-2448
Name of Contact Pers	on	at (<u>407</u>) <u>93</u> Area Code & Daytime Tele	ephone Number
Enclosed is a check for the follo	wing amount made pa	ayable to the Florida Depart	ment of State:
☐ \$35 Filing Fee	te of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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	A D C	treet Address mendment Section division of Corporations difton Building 661 Executive Center Circle	e

Tallahassee, FL 32301

Articles of Amendment

Articles of Incorporation

FILED

FRASER ENTERPRISES INC.

10 JUN 10 PM 12: 29

(Name of Corporation as currently filed with the Florida Dept. of State) Y OF STATE

REAL ARASSEE, FLORIDA P01000006518

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

		The
me must be distinguishable and conto breviation "Corp.," "Inc.," or Co.," or me must contain the word "chartered,"	the designation "Corp," "Inc," or	"Co". A professional corpora
Enter new principal office address, if	applicable:	
rincipal office address <u>MUST BE A STI</u>	REET ADDRESS)	
Enter new mailing address, if applica	ible:	
(Muiling address MAY BE A POST OF		
(Mailing address MAY BE A POST OF	<u>FFICE BOX</u>)	
(Mailing address MAY BE A POST OF	or registered office address in Flor	ida, enter the name of the
(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new to	or registered office address in Flor	ida, enter the name of the
(Mailing address MAY BE A POST OF	or registered office address in Flor	ida, enter the name of the
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(Mailing address MAY BE A POST OF If amending the registered agent and/ new registered agent and/or the new to	or registered office address in Flor registered office address: SCOTT M. AUSTIN	: D
If amending the registered agent and/new registered agent and/or the new to Name of New Registered Agent:	or registered office address in Florregistered office address: SCOTT M. AUSTIN 257 PLAZA DRIVE, SUITE (Florida street address)	<u>D</u>
If amending the registered agent and/new registered agent and/or the new to Name of New Registered Agent:	or registered office address in Flor registered office address: SCOTT M. AUSTIN 257 PLAZA DRIVE, SUITE	: D
If amending the registered agent and/new registered agent and/or the new to Name of New Registered Agent:	for registered office address in Flor registered office address: SCOTT M. AUSTIN 257 PLAZA DRIVE, SUITE (Florida street address: OVIEDO, FLORIDA (City)	5 D s) , Florida 32765

Signature of New Registered Agent, if changing

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-4	_

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>	Address	Type of Action
<u>D</u>	BOB FRASER	100 BLUE CREEK DRIVE WINTER SPRINGS, FL 32708	☐ Add ☐ Remove
<u>D</u>	SCOTT M. AUSTIN	257 PLAZA DRIVE, SUITE D OVIEDO, FLORIDA 32765	☑ Add □ Remove
			☐ Add ☐ Remove
(attach a	dditional sheets, if necessary). (Be spe	cific)	
<u>provisi</u>	nendment provides for an exchange, reons for implementing the amendment in applicable, indicate N/A)		

The date of each amendmen	it(s) adoption: MAY 13, 2010
Effective date <u>if applicable</u> :	MAY 13, 2010 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	5-13-2010
(By sele	y 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 pointed fiduciary by that fiduciary)
	SCOTT M. AUSTIN
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)