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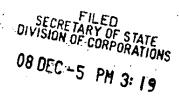
• COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOJAY ENERDSISES, INC				
DOCUMENT NUMBER: <u>PO 100007433</u>				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
(Name of Contact Person)				
Occu-Tax and acoty SUCS,INC				
130 NE 4th Ave				
deemeld beach f1 33441 (City/State and Zip Code)				
For further information concerning this matter, please call:				
(Name of Contact Person) at (954) 574 008 l (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee \$43.75 Filing Fee & Status Certificate of Status (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



(Name of Corporation as currently file	ed with the Florida Dept. of Sta	
POICOCO	74 33	
(Document Number of		
ursuant to the provisions of section 607.1006, Flori Illowing amendment(s) to its Articles of Incorporation		Corporation adopts the
. If amending name, enter the new name of the co	rporation:	
he new name must be distinguishable and con incorporated" or the abbreviation "Corp.," "Inc.," Co". A professional corporation name must ssociation," or the abbreviation "P.A."	or Co.," or the designation "	Corp," "Inc," or
Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)	
$\frac{C}{T} = \frac{1}{2} \left(\frac{1}{2} \right) \right) \right) \right) \right)}{1} \right) \right)}{1} \right)} \right)} \right)} \right)} \right)}}} \right)}}} \right)}}} \right)}}}}}}}}$		
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>.</u> .	
-		
. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	-
		_, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing Regi hereby accept the appointment as registered agent. sition.		ot the obligations of the
Signatur	e of New Registered Agent, if cha	nging

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>N</u> ame	Address	Type of Action
<u>PS</u>	Judy Saria	4809 SW 25th COUR Cape Coral FL 33914	Add Remove
			_ 🚨 Add _ 🚨 Remove
			Add Remove
	ending or adding additional Articles, er additional sheets, if necessary). (Be sp		
	,		
provi	amendment provides for an exchange, isions for implementing the amendmen f not applicable, indicate N/A)		
		<u> </u>	

The date of each amendment(s) adoptions 12108
Effective date if applicable: 12/108 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
(<u>9.11.9.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.</u>
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 123108
Signature (By wairector, 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)
(Typed or printed name of person signing)
(Title of person signing)