(Req	uestor's Name)	
(Add	ress)	
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_	WAIT	MAIL
(Busi	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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03/26/12--01035--009 **43.75



COVER LETTER

TO: Amendment Section

Division of Corporations . Bienvenue DOCUMENT NUMBER: PO 1000019799 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□\$43.75** Filing Fee & **☑**\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassec, FL 32314

P.O. Box 6327

Articles of Amendment to

Secretary of the second second

		Articles of 1900 of	rporation	, FI	LEU
Bien	Venue	Vintage	House	INCOME MAR	26 PM 4: 55
(<u>Name o</u>	f Corporation as curr	ently filed with the FI	orida Dept. of Sta		
P(01000	19799		SECRE!	TARY OF STATE ASSEE.FLORID
;	(Document Nur	mber of Corporation (if	known)	بطر	
Pursuant to the provisio its Articles of Incorpora		, Florida Statutes, this F	lorida Profit Corp		llowing amendment(s) to
A. If amending name,	enter the new name o	f the corporation:			
Δ 1:	IST AN	T. 23UDIT	NC.		The new
name must be distingu				"incorporated" or	
"Corp.," "Inc.," or Co	.," or the designation	"Corp," "Inc," or "C	Co". A professiona		
word "chartered," "pro	fessional association,"	or the abbreviation "F	?.A. "		
B. Enter new principa	l office address, if ann	nlicable:			
(Principal office addres					
;					
,					
ļ					
C. Enter new mailing					
(Malling address <u>M</u>	<u>AY BE A POST OFFI</u>	CE_BOX)			
1					
j					
					
D. If amending the reg	ristered agent and/or r	registered office addre	ss in Florida, ente	r the name of the	
	nt and/or the new regi				
N	Registered Agent				
<u>Name of New N</u>	existereu Axem		<u></u>		
10.0		<u></u>			
ļ		(Florida stree	et address)		
New Registered	Office Address:			, Florida	
1		(City)		(Zip Cod	le)
New Registered Agent'	s Signature, if changi	ng Registered Agent:			
I hereby accept the appo	intment as registered a	igent. I am familiar wi	th and accept the o	bligations of the posi	tion.
	Signatur	e of New Registered Ag	gent, if changing		•

If amending the Officer address of each Officer (Attach additional sheets	and/or D	irector t		ame of each officer/	director being removed and title, name, and
Please note the officer/de P = President; V= Vice Executive Officer; CFO held. President, Treasure	President	i; T≖ Tre Financial	asurer; S= Secretary; i Officer. If an officer/d	D= Director; TR= Ti	rustee; C = Chairman or Clerk; CEO = Chief han one title, list the first letter of each office
Changes should be noted a change, Mike Jones led Mike Jones, V as Remove	aves the c	orporatio	n, Sally Smith is named	Doe is listed as the i the V and S. These s	PST and Mike Jones is listed as the V. There is should be noted as John Doe, PT as a Change,
Example: X Change	PT	John Do	<u>oe</u>		
X Remove	<u>V</u>	Mike Jo	ones		
_X Add	<u>sv</u>	Sally Sr	<u>nith</u>		
Type of Action (Check One)	Title		<u>Name</u>		Address
1) Change Add Remove		-			
2) Change Add Remove		••			
3) Change Add Remove		-			
4) Change Add Remove		-			
5) Change Add Remove		-			

Add Remove

If amending or addir attach additional she	ng additional Articles, enter change(s) here: ets, if necessary). (Be specific)	
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f an amendment pro	vides for an exchange, reclassification, or cancellation of issued shares,	
orovisions for imple (if not applicable	menting the amendment if not contained in the amendment itself: c, indicate N/A)	
	NIA	
		_
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The date of each amendment(s) adoption:
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
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 William S. & ann Miller Hypeins ." (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 MARCH 21, 2012
Signature (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)
William E. Hookins III (Typed or printed name of person signing)
President (Title of person signing)