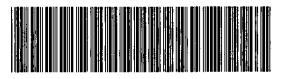
## P010000045973

| (Re                     | questor's Name)  |             |
|-------------------------|------------------|-------------|
| (Ad                     | dress)           |             |
| (Ad                     | dress)           |             |
| (Cit                    | y/State/Zip/Phon | e #)        |
| PICK-UP                 | ☐ WAIT           | MAIL        |
| (Bu                     | siness Entity Na | me)         |
| (Do                     | cument Number    | )           |
| Certified Copies        | _ Certificate    | s of Status |
| Special Instructions to | Filing Officer:  |             |
|                         |                  |             |
|                         |                  |             |
|                         |                  |             |

Office Use Only



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10/17/11--01061--007 \*\*35.00

SECRETARY OF STATE

Amend Brown

Brawn 10-19-11



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF COR              | PORATION:                                    | CO-EMPLOYERS II, INC  | •   |
|--------------------------|--|---|---|
| DOCUMENT NU              | J <b>MBER:</b>                               | P01000045973  |   |
| The enclosed Artic       | cles of Amendment and fee                    | are submitted for filing.   |   |
| Please return all co     | orrespondence concerning th                  | is matter to the following:   |   |
|                          |  | Roger P. Conley   |   |
|                          |  | Name of Contact Person  |   |
|                          | Roge   | r P. Conley, Chartered  |   |
|                          |  | Firm/ Company   |   |
|                          | 2401 Manatee Avenue West                     |   |   |
| Address                  |  |   |   |
|                          | Bradenton, Florida 34205                     |   |   |
| City/ State and Zip Code |  |   |   |
|                          | Conlylaw<br>E-mail address: (to be us        | @tampabay.rr.com ed for future annual report notification)  |   |
| For further inform       | ation concerning this matter                 | please call:  |   |
| F                        | Roger P. Conley                              | at ( 941 ) 748  | -8778   |
|                          | e of Contact Person                          | Area Code & Daytime Teleph  | none Number   |
| Enclosed is a chec       | k for the following amount                   | nade payable to the Florida Departme  | ent of State:   |
| ☑ \$35 Filing Fee        | ☐ \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6               | nt Section<br>Corporations                   | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |   |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

| •  | of                          |                           | COLLOCT , - C     |
|--|-----------------------------|---------------------------|-------------------|
| CO-EMPI  | LOYERS II, INC.             | 7A1                       | CONCIARY OF STA   |
| (Name of Corporation as curre  | ently filed with the Florid | a Dept. of State)         | AHASSLOF          |
| P01  | 000045973                   |                           | E. F. CO          |
| (Document Num  | nber of Corporation (if kno | wn)                       | ~/1/              |
| rsuant to the provisions of section 607.1000 nendment(s) to its Articles of Incorporation:   | 6, Florida Statutes, this F | lorida Profit Corporation | adopts the follow |
| If amending name, enter the new name of  | f the corporation:          |                           |                   |
|  |                             |                           | The new           |
| obreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro     |                             |                           | nal corporation   |
| Enter new principal office address, if app<br>rincipal office address <u>MUST BE A STREE</u> |                             |                           | <u>_</u>          |
|  |                             |                           |                   |
| Enter new mailing address, if applicable:  | •                           |                           |                   |
| (Mailing address <u>MAY BE A POST OFFI</u>   | CE BOX)                     |                           |                   |
|  |                             |                           |                   |
|  |                             |                           |                   |
| If amending the registered agent and/or r  | egistered office address in | n Florida, enter the nam  | e of the          |
| new registered agent and/or the new regis  | stered office address:      |                           |                   |
| Name of New Registered Agent:  |                             |                           |                   |
|  |                             |                           |                   |
| New Registered Office Address:   | (Florida street a           | ddress)                   |                   |
|  |                             | , Florida                 |                   |
| •  | (City)                      | (Zip Code)                |                   |
| ew Registered Agent's Signature, if changin  | ng Registered Agent:        |                           |                   |
| ereby accept the appointment as registered a   |                             | nd accept the obligations | of the position.  |
|  |                             |                           |                   |
| S  | ignature of New Registered  | l Agent, if changing      |                   |

## 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    |
|--------------|--|---|-------------------|
| VPST         | H. Rayburn Martin  | P. O. Box 20021<br>Bradenton, Florida           | ☐ Add<br>☑ Remove |
| PVPSI        | D. Eric Arfons   | 1911 4th Street West<br>Palmetto, Florida 34221 | ☑ Add<br>□ Remove |
|              |  |   |                   |
| (attach ad   | dditional sheets, if necessary). (Be sp  | ecific)   |                   |
| provisio     | nendment provides for an exchange, ons for implementing the amendment ot applicable, indicate N/A) |   |                   |
|              |  |   |                   |
|              |  |   |                   |
|              |  |   |                   |

| The date of each amendmen                        | t(s) adoption: August 5, 2011   |  |
|--|---|--|
| Effective date <u>if applicable</u> :            |   |  |
|  | (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_Aug  | ust 5, 2011   |  |
| Signature  | D. Sun Afan   |  |
| sel  | 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) |  |
|  | D. Eric Arfons  |  |
|  | (Typed or printed name of person signing)   |  |
|  | President   |  |
|  | (Title of person signing)   |  |