(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	. WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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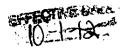


## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: Convention Se	rvices Group, Inc.	
DOCUMENT NUMB	ER: P01000051313		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
•	Jamės Russell		
•		Name of Contact Person	n
(	Convention Services (	Proup. Inc.	
•		Firm/ Company	
!	P.O. Box 1658		
<del>.</del>	101 201 1000	Address	
	Lynn Haven, FL 32444	<b>1</b> *	
-		City/ State and Zip Cod	e
_			
<u>Jrust</u>	y107@aol.com	sed for future annual report	notification\
	E-man address, (to be us	sed for future amidal report	nouncation)
For further information	concerning this matter, pleas	se call:	
			•
James Russell		at (850	<u> 248-3976</u>
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ -\$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divis P.O.	ing Address ndment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## **Articles of Amendment** Articles of Incorporation



	of FILLU	
Convention Services Group, Inc.	2012 SEP 24 PM 1: 10	
(Name of Corporation as currently filed with the	e Florida Dept. of State)	
	TALL AHASSEL! LOTTE	
(Document Number of Corporation	1 (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, that Articles of Incorporation:	ais Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
N/A	The new	
name must be distinguishable and contain the word "corporal "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the	
B. Enter new principal office address, if applicable:	107 West 3rd Street	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Lynn Haven, FL 32444	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 1658	
	Lynn Haven, Fl 32444	
D. If amending the registered agent and/or registered office agent new registered agent and/or the new registered office address.		
Name of New Registered Agent James Russell		
107 West 3rd Stre	et	
<u></u>	street address)	
New Registered Office Address Lynn Haven	, Florida 32444	
(Ci	(Zip Code)	
New Registered Agent's Signature, if changing Registered Age hereby accept the appointment as registered agent. I am familia		
1- Family		
Signature of New Registere	ed 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT Joh	un Doe	
X Remove	<u>У</u> <u>Мі</u>	ke Jones	
<u>X</u> Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) X Change	D	Norm Gulkis	2522 Pretty Bayou Island [
Add			Panama City, FI 32405
Remove			
2) Change	DST	James Russell	107 West 3rd Street
XAdd			Lynn Haven, FL 32444
Remove			
3) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change	<del> </del>		•
Add			
Remove			
6) Change			
Add			S
Damova			

E. If amending or adding additional Articles, enter change(s) here:					
'(Attach addition	nal sheets, if necessary).	(Be specific)			
N/A <sup>-</sup>					
,					
				<del></del>	
	<u>`</u>	**			
			<u> </u>		
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		<del></del>			
provisions for	ent provides for an exch r implementing the ame plicable, indicate N/A)	nange, reclassific adment if not co	ation, or cancel intained in the a	lation of issued sha mendment itself:	res.
N/A					
		· · · · · · · · · · · · · · · · · · ·			
<del></del>			.,		
			<del> </del>		

The date of each amendment(s) ac	loption: <u>9/17/12</u>	
	1/12	
	(no more th	an 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were add by the shareholders was/were su		The number of votes cast for the amendment(s)
		s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was	were sufficient for approval
by	(voting group)	'n
action was not required.		ctors without shareholder action and shareholder without shareholder action and shareholder
Dated 9/17/12	~ Dull	<del></del>
Signature	Sent VIII	
		officer - if directors or officers have not been
		in the hands of a receiver, trustee, or other court.
appoin	ted fiduciary by that fiduc	iary)
	Edmund P. Michel	
	(Typed or prin	nted name of person signing)
	PD.	
	(Title of pe	erson signing)