## P01000063621

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: Trust Creatury Inc
DOCUMENT NUMBER: P01000063631
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bryan Plansky Name of Contact Person
Trust (restors Inc Firm/Company
1200 S. Rosers Circle 44
Boca Refor, FC 33487  City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Byan Plonsky at (50) 998-6039  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□\$35 Filing Fee  Certificate of Status  (Additional copy is enclosed)  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 CircleTallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of (Name of Corporation as currently filed with the Florida Dept. of State) P0/0006367 (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

Senior Information Come must be distinguishable and contain the breviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "c designation "Corp," "Inc,"	company," or "incorporated" of or "Co". A professional corpor
ne must contain the word "chartered," "pro	fessional association," or the	e abbreviation "P.A."
Enter new principal office address, if appincipal office address <u>MUST BE A STREE</u>		
	<del></del>	··············
Enter new mailing address, if applicable:	=""	
	CE DAV)	
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX)	
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(Mailing address MAY BE A POST OFFICE A POST	egistered office address in F	lorida, enter the name of the
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(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or r	egistered office address in F	lorida, enter the name of the
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(Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or r new registered agent and/or the new registered agent and/or the new registered Agent:	egistered office address in F stered office address:	

## 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
<del></del> .			
	ding or adding additional Articles additional sheets, if necessary). (B		r .
provisi	mendment provides for an exchanons for implementing the amendnot applicable, indicate N/A)		

The date of each ame	ndment(s) adoption:	9-12-11	
Effective date if appli	cable:	(date of adoption is required)  days after amendment file date	
	(no more than 90	aays after amenament file acte	
Adoption of Amendm	ent(s) (CHE	CK ONE)	
	was/were adopted by the sl was/were sufficient for ap	hareholders. The number of votoproval.	es cast for the amendment(s)
, ,		shareholders through voting gro	
"The number o	f votes cast for the amenda	nent(s) was/were sufficient for a	approval
by	(voting group)	.,,	
	(voting group)		
The amendment(s) action was not requ	• •	oard of directors without shareh	older action and shareholder
The amendment(s) action was not requ		ncorporators without shareholde	r action and shareholder
Dated	9-12-1	//	
	ature(By a director, presider	nt or other officer – if directors or orator – if in the hands of a recei	
	Bry	an Plonsky ed or printed name of person sign	,
	(Type	ea or printea name of person sign	nng)
			-
	(Title of p	person signing)	