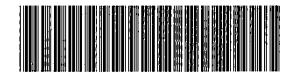
PO1000068313

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | iress) | |
| (Add | ress) | |
| (City | /State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | iness Entity Nar | me) |
| (Doc | ument Number) | |
| | | |
| Certified Copies | Centricates | s or Status |
| Special Instructions to F | iling Officer: | |
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| | | |

Office Use Only



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FILED SECRETARY OF STATE AND SECRETARY OF CORPORATION OF CORPORATI

N.C. C.COULLIETTE

AUG 0 9 2011

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORP | ORATION: | N.Y.B. Properties, Inc. | С. |
|---|--|---|---|
| DOCUMENT NU | MBER: | P01000068313 | |
| The enclosed Artic | les of Amendment and fee a | re submitted for filing. | |
| Please return all co | rrespondence concerning thi | s matter to the following: | |
| - | | Menta S. Spigner | |
| | N | ame of Contact Person | |
| - | Charts In Time, Inc. | | |
| | | Firm/ Company | |
| - | P. O. Box 7994 | | |
| | | Address | |
| _ | | etersburg, Florida 33734 | |
| | C | ity/ State and Zip Code | |
| *************************************** | sspigner(E-mail address: (to be use | @chartsintime.com d for future annual report notification) | |
| For further informa | ition concerning this matter. | please call: | |
| Me | enta S. Spigner | at (<u>727</u>)3 | 329-8801 |
| Name | of Contact Person | Area Code & Daytime To | elephone Number |
| Enclosed is a check | c for the following amount n | nade payable to the Florida Depa | rtment 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) |
| Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee | t Section Corporations 327 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ | cle |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| N.Y.B. Properties, Inc. | | |
|--|--|--|
| (Name of Corporation as currently filed with the Florida Dept. of State) | | |
| | P01000068313 | |
| | (Degument Number of Comparation (if known) | |

| N.Y.B. Propertie | |
|---|--|
| (Name of Corporation as currently filed w | vith the Florida Dept. of State) |
| P010000683 | 313 |
| (Document Number of Corp | poration (if known) |
| Pursuant to the provisions of section 607.1006, Florida Samendment(s) to its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of the corpor | ration: |
| CIT Enterprises | s, Inc. The new |
| name must be distinguishable and contain the word "abbreviation "Corp.," "Inc.," or Co.," or the designation name must contain the word "chartered," "professional as | n "Corp," "Inc," or "Co". A professional corporation |
| B. Enter new principal office address, if applicable: | 9089 4th Street N. |
| (Principal office address MUST BE A STREET ADDRES | <u>SS</u>) |
| | Saint Petersburg, FL 33702 |
| | |
| C. Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | P. O. Box 7994 |
| | Saint Petersburg, FL 33734 |
| | Saint Fetersburg, FL 33734 |
| | and the second s |
| D. If amending the registered agent and/or registered o new registered agent and/or the new registered office | |
| | |
| Name of New Registered Agent: | |
| | |
| New Registered Office Address: (4) | Florida street address) |
| | , Florida |
| | City) (Zip Code) |
| New Registered Agent's Signature, if changing Register | ed Agent: |
| I hereby accept the appointment as registered agent. I am | fumiliar with and accept the obligations of the position |
| | AUG ON |
| Signature of | New Registered Agent, if changing |
| - | |
| | 7 690 8 0 |
| | OR AI |

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>Address</u> Type of Action **Title Name** ☐ Add ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

| The date of each amendmen | t(s) adoption: August 5, 2011 | | |
|---------------------------------------|---|--|--|
| Effective date <u>if applicable</u> : | August 5, 2011 (date of adoption is required) | | |
| | (no more than 90 days after amendment file date) | | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. | | |
| | ere approved by the shareholders through voting groups. The following statement and 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 | | |
| bу | | | |
| | (voting group) | | |
| action was not required. | ere adopted by the board of directors without shareholder action and shareholder action and shareholder action and shareholder action and shareholder | | |
| Dated_Aug | ust 5, 2011 | | |
| sele | a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) | | |
| | Menta S. Spigner | | |
| | (Typed or printed name of person signing) | | |
| | President | | |
| | (Title of person signing) | | |