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12/10/12--01014--006 **35.00

SECRETARY OF STATE DIVISION OF CORPORATION

Amend 10 11/12

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION: Fast Lane	Consulting Inc.	<.	
	P0100007636			
The enclosed Article	s of Amendment and fee are su	bmitted for filing.	•	
Please return all corre	espondence concerning this ma	tter to the following:		
	Craig Lane	•	Mary Mary	_
		Name of Contact Person	n e	
	Fast Lane Consu	lting,Inc	· ·	
		Firm/ Company	1 .	- ,
	3505 West Grana	ada Street		
	, ,	Address		-
	Tampa, FL 33629	9		
		City/ State and Zip Code	e	
C *	oiaccattlana@ama	il oom		
<u> </u>	aigscottlane@gma	ill.COIII sed for future annual report	natification	
	L-man address. (to be us	ect for future annual report	nodification)	•
For further information	on concerning this matter, pleas	se call:		• ,
Craig Lane		at (813	774-3333	
Name	of Contact Person		de & Daytime Telephone Numb	er
Enclosed is a check t	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)	-
An Di	niling Address nendment Section vision of Corporations D. Box 6327	Amend Divisio	Address Iment Section on of Corporations a Building	1.

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



Articles of Amendment to Articles of Incorporation

(Name of Corporation as currently filed with	n the Florida Dept. of St	ate) /	~
P01000076368			
(Document Number of Corpora	ation (if known)		-
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this <i>Florida Profit Cor</i>	poration adopts the following	ng amendment(s)
A. If amending name, enter the new name of the corporati	ion:		
			_The new
name must be distinguishable and contain the word "corp," "Inc.," or Co.," or the designation "Corp," "Inc, word "chartered," "professional association," or the abbrevi	" or "Co". A profession	or "incorporated" or the a nal corporation name must	ibbreviation is contain the
B. Enter new principal office address, if applicable:	· V	••	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	:	- · :
			,
•			
C. Enter new mailing address; if applicable:			9.0
(Mailing address MAY BE A POST OFFICE BOX)			-10 Tologo
			OF THE
•	,		10 6
			- P
D. If amending the registered agent and/or registered offinew registered agent and/or the new registered office a		ter the name of the	
new registered agent and/or the new registered office a	idaress.		į
Name of New Registered Agent			_
	•		
(Fle	orida street address)		*
New Registered Office Address:		, Florida	-
·	(City)	(Zip Code)	
, 9 ,		•	
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent. I am fa		e obligations of the position.	
Signature of New Regi	stered Agent, if changing		

Page 1 of 4

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 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.

X Change	PT John I	<u>Doe</u>			
X Remove	V Mike	<u>Jones</u>			
X Add	SV Sally	Smith -			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		. Address	
l) Change	President	Chris Stover	.*	3505 West Gran	ada St.
X Add			79.1	Tampa, FL 330	629
Remove					,
2) Change				·	<i>,</i>
Add		:			
Remove			• •	:	
3) Change					·
Add			•	***************************************	
Remove		·			·
4)Change					
Add					
Remove					
5) Change					
Add				- · · · · · · · · · · · · · · · · · · ·	
Remove					·.
6)Change					73 / 3
Add . ~ .				The same of the sa	
Remove			· · · · · · · · · · · · · · · · · · ·		



ttach additie	onal sheets, if necessar	Articles, enter change(s) here: y). (Be specific)	
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			Hot Of Disease
provisions	ment provides for an for implementing the	exchange, reclassification, or cancamendment if not contained in the	enation of issued snares, amendment itself:
(if not a	pplicable, indicate N/.	(A)	
	•		
	, s	•	
	4		

The date of each amendment(s)_ad	loption: 12-5-12			
Effective date if applicable:				•
•	(no more	than 90 days after amer	ndment file date)	
			•	٠
Adoption of Amendment(s)	(CHECK ONE	0	,	
■ The amendment(s) was/were ado by the shareholders was/were suf		rs. The number of votes	cast for the amendment(s)	
☐ The amendment(s) was/were app must be separately provided for				t .
"The number of votes cast	for the amendment(s) w	as/were sufficient for ap	pproval	
by	(voting group)			
•	(voung group)			
☐ The amendment(s) was/were ado	pted by the board of di	rectors without sharehol	der action and shareholder	
action was not required.				
☐ The amendment(s) was/were ado action was not required.	pted by the incorporate	ers without shareholder a	ection and shareholder	
Dated 12-5-1	2			
Dated				
Signature	XAX	VAN		
(By a di		if in the hands of a recei	or officers have not been ver, trustee, or other court	
	Craig Lane	39. 37		
	(Typed or p	rinted name of person s	igning)	
	DP			
	(Title of	person signing)	,	

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