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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee'& \$52.50 Filing Fee Certificate of Status Certified Copy/ Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## **Articles of Amendment** to

## Articles of Incorporation of

P0100008620	35		
(Document Nur	mber of Corporation (if )	cnown)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this	Florida Profit Corporatio	on adopts the following
A. If amending name, enter the new name o	f the corporation:		
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro-	e designation "Corp," "	'Inc," or "Co".' A profess	ional corporation
B. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>		7	<del></del> .
		· · · · · · · · · · · · · · · · · · ·	
	<del></del>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		101 Peters	Road
	Su	ite 1000	
	Y IC	ntation, FL	_33324
D. If amending the registered agent and/or the		ss in Florida, enter the nai	ne of the
new registered agent and/or the new regi	stereu office address:	1	•
Name of New Registered Agent:		4	
No. But a 1000 Att			
New Registered Office Address:	(Florida stre	et address)	
	(Civ.)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changi			6.7 NJ
hereby accept the appointment as registered a	igent. I am jamiliar wil	n ana accept the obligation	s of the position.
	Cianatura of Nav. Bosist	and Anant if the second	<b>5</b>
	Signature of New Registe	erea Ageni, ij changing	
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	Page 1 of 3		6 G

<u>Fitle</u>	Name	<u>Address</u>	
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E. <u>If amendin</u> (attach addi	g or adding additional Article tional sheets, if necessary). (	es, enter change(s) here: W) f	<del>)</del>
(anach uaar	monus sneets, if necessary).	De specific)	
			1
7. If an amei	ndment provides for an excha	nge, reclassification, or cancellat	ion of issued shares
provisions	for implementing the amend applicable, indicate N/A)	ment if not contained in the amer	ndment itself:
	NA		,
. 80.600			
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<u>*5*</u>		D ~	10	1/2/11	
The date of each amendment(s) ad	•		16	6/65/10	
77.00 A	(a	late of adoption	i is required)	1.12 c/m	
Effective date <u>if applicable</u> :		0 · ·	T O -	0/05/10	<del></del> -
(no	more than 90 da	ys after amend	ment file date)	ì	
Adoption of Amendment(s)	(CHEC	K ONE)		1	
Adoption of Amendment(s)	CHEC	N ONE)			
The amendment(s) was/were add by the shareholders was/were su	opted by the shar fficient for appre	reholders. The oval.	number of votes	s cast for the amendm	ient(s)
The amendment(s) was/were app must be separately provided for	-				itement
"The number of votes cast for	or the amendme	nt(s) was/were	sufficient for ap	proval	
hu			**	<b>.</b> 1	
by	ng group)		•	1	
· (Poin	ng group)				
☐ The amendment(s) was/were add action was not required.  ☐ The amendment(s) was/were add action was not required.					
Dated	6/24/	10		· I	
Signature	<u> </u>	liabeth	Barrels		_
selected,	ector, president of by an incorpora of fiduciary by th	tor – if in the h	— if directors or ands of a receive	officers have not been cover, trustee, or other co	:n ourt
<u> </u>	(Typed o	or printed name	e of person signi	ng)	
	` • •				
	Presio	tent		:	
	(Title of per	son signing)		•	