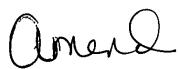
## P0/000/2/984

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	<u> </u>
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
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2009 SEP 21. AM 10: 36
SECRETARY OF STATE

TEO

RO2-9/23/09

## **COVER LETTER**

TO: Amendment So Division of Co				
Division of Co	, ,		1	
NAME OF CORP	ORATION:	ECCA EX	press /NC	
	$\bigcap \bigcap I$	0001010		
DOCUMENT NUM	MBER:/	000/2178	<del></del>	
The enclosed Articl	es of Amendment and fee a	re submitted for filing.		
Please return all cor	respondence concerning thi	s matter to the following:		
_	Karl	Stehlin		
	, N	ame of Contact Person		
_	Beli	La Expre	SS /NC	
		Firm/ Company	II DM B	
_	13799	YARK Bly	1/1/2.55	
		Address		
,	Seminal	le FL 3	37/5	
-	C St. 1	ity/ State and Zip Code	. C &-	
,	E-mail address: (to be used	for future annual report notification)		
	_			
For further informat	tion concerning this matter,	please call:	_	
KArl	stehl-	at (727) 209	4849	
Name o	of Contact Person	Area Code & Daytime Telep		
Enclosed is a check	for the following amount m	ade payable to the Florida Departm	nent of State:	
135 Filing Fee	■ \$43.75 Filing Fee &		☐ \$52.50 Filing Fee	
	Certificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad	dress	Street Address		
Amendment		Amendment Section		
Division of 0 P.O. Box 63	Corporations 27	Division of Corporations Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		

Tallahassee, FL 32301

	Articles of An	nenament		*
	to			FI
	Articles of Inco	orporation	•	, ILEV
<i>i</i>	of		2009	y U
150/11	CXD	VC 55	////	<sup>th</sup> 21
(Name of Corporation as curre	ently filed with t	the Florida Dent	Stote) ALL	FILED EP21 AM 10:36
Colors = 12 1		ine Profita Dept.	History - CAHA	TARY OF STATE SSEE, FLORIDA
PO1000121	<u> 789</u>		<u></u>	CE, FLODIE
(Document Num	iber of Corporati	on (if known)		410A
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	5, Florida Statut	es, this <i>Florida Pi</i>	rofit Corporation a	adopts the following
A. If amending name, enter the new name of	the corporation	<u>n:</u>		
	•			77
name must be distinguishable and contain i	the word "corn	oration " "compa	ny " or "incorno	The new
abbreviation "Corp.," "Inc.," or Co.," or the				
name must contain the word "chartered," "pro	fessional associa	ation," or the abbr	eviation "P.A."	•
T. E.		2 < 2	9 747	/ Alla
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>			1 / 711	1 71 - 1170
(1 Interput office unuress MOST BE A STREE	I ADDRESS )	CA	CA F	L 544/9
			<u> </u>	
				· · · · · · · · · · · · · · · · · · ·
C. Trater new mailing address if amplicables				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE				
(	<u> </u>			<del></del>
				<u> </u>
D. If amending the registered agent and/or r	agistaned office	address in Florida	anton the name	of the
new registered agent and/or the new regis			a, enter the name	or the
		<del></del>		
Name of New Registered Agent:	<del></del>			
New Registered Office Address:	(Fleri	da street address)	<del></del>	
		211 001 1111111 020)		
			, Florida	<del></del>
	(City)		(Zip Code)	
New Registered Agent's Signature, if changing	g Registered A	gent:		
I hereby accept the appointment as registered a			of the obligations of	the position.
-	-			-
	· · · · · · · · · · · · · · · · · · ·	Parist 114	·c 1 ·	
2	ignature of wew	Registered Agent,	ij cnanging	
	-			

Page 1 of 3

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)						
Pitle Name  Pitle Name  Pitcon Ke  PKANI Steh	Address  Type of Action  Add  Remove  Add  Add  Add  Add  Add  Add  Add  A					
E. If amending or adding additional Artic (attach additional sheets, if necessary).						
	•					
	ange, reclassification, or cancellation of issued shares, dment if not contained in the amendment itself:					

The date of each amendment(s) ad	option:	7//	/ lax	<u>/004</u>
Effective date <u>if applicable</u> :	(date of a	doption is requi	red) 7/2	GO 8
(no n	nore than 90 days after	amendment file	date)	
Adoption of Amendment(s)	(CHECK ONE	)	•	
by the shareholders was/were suf	pted by the shareholder	s. The number of	of votes cast for the	he amendment(s)
The amendment(s) was/were app must be separately provided for a	-	_		
"The number of votes cast fo	or the amendment(s) wa	s/were sufficien	t for approval	
by Sc/M	ng group)	<u>- S S</u> ."		
The amendment(s) was/were adoraction was not required.	pted by the board of di	rectors without s	hareholder action	and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporato	rs without share	holder action and	shareholder
Dated	17/200	9		
Signature	Drung	h		
selected, b	ctor, president or other by an incorporator – if in fiduciary by that fiduc	in the hands of a		
	Fron	KeL	ion	· · · · · · · · · · · · · · · · · · ·
	(Typed or printe	ed name of perso	n signing)	
	Presi	De ~		
	(Title of person sign	ning)		<del></del>