

NOV. 12. 2009 2:47PM

CRARY BUCHANAN

NO. 5493 P. 1

PO2000005961

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CRARY, BUCHANAN, BOWDISH, ETAL
Account Number : 076424001425
Phone : (772) 287-2600
Fax Number : (772) 287-0115

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: evamnd@bellsouth.net

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
PRO IMAGING, INC.**

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SECRETARY OF STATE
TALLAHASSEE-FLORIDA

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CRARY BUCHANAN

NO. 5493 P. 2

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PRO IMAGING, INC.

DOCUMENT NUMBER: P02000005961

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer L. Williamson

Name of Contact Person

Crary-Buchanan

Firm/ Company

P.O. Drawer 24

Address

Stuart, FL 34995-0024

City/ State and Zip Code

evamd@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Taube

Name of Contact Person

at (772) 287-2600 x3131

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

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CRARY BUCHANAN

NO. 5493 P. 3

**Articles of Amendment
to
Articles of Incorporation
of**

PRO IMAGING, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P02000005961

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

472 S.W. Fuge Road

Stuart, FL 34997

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

472 S.W. Fuge Road

Stuart, FL 34997

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

NORBERT DOMBROWSKY

New Registered Office Address:

472 S.W. Fuge Road

(Florida street address)

Stuart

(City)

Florida 34997

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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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>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>SUSAN HYDE</u>	<u>2240 NE 202 Street</u> <u>Miami, FL 33180</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>VP</u>	<u>ROBERT DOMBROWSKY</u>	<u>472 S.W. Fuge Road</u> <u>Stuart, FL 34997</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PD</u>	<u>ROBERT DOMBROWSKY</u>	<u>472 S.W. Fuge Road</u> <u>Stuart, FL 34997</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Add the following Officers and Director:

VPSTD EVA DOMBROWSKY 472 S.W. Fuge Road, Stuart, FL 34997

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)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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
- by _____."
- (voting group)
- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated November 12, 2009

Signature _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

NORBERT DOMBROWSKY

(Typed or printed name of person signing)

President

(Title of person signing)