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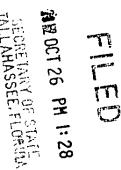
				
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10/28/12--01017--031 **35.00



Amend

OCT 2 9 2012

T. LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	_{on:} Flex-Path, Ir	nc.	
DOCUMENT NUMBER:	P02000026690)	
The enclosed Articles of Am	nendment and fee are sub	mitted for filing.	
Please return all corresponde	ence concerning this matte	er to the following:	
Ros	se M Klempner		
		Name of Contact Person	1
Fle	x-Path, Inc.		
	- <u> - </u>	Firm/ Company	
207	70 Carpetgreen	St.	
		Address	
Poi	t Charlotte, FL		
		City/ State and Zip Cod	e
jamie@	taxsaversfl.ne	t	
<u>- </u>	E-mail address: (to be use	d for future annual report	notification)
For further information conc	erning this matter, please	call:	
Rose M Klempne	er	at (941	235-1000
Name of Cor	tact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the f	ollowing amount made pa	yable 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)
P.O. Box	nt Section f Corporations	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of



Flex-Path, Inc.			TALLA SE TAIS	Yar
(Name of Corporation as currently fi	iled with the Flori	da Dept. of State)	THIASS	Y OF STATE EE, FLORIDA
P02000026690				-SALLIA
(Document Number of	Corporation (if kn	own)		
Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:	a Statutes, this <i>Flo</i>	rida Profit Corporation ad	lopts the following a	amendment(s) to
A. If amending name, enter the new name of the co	orporation:			
			7	The new
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	," "Inc," or "Co"	'. A professional corpora	rated" or the abb ition name must co	reviation ntain the
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>		······································		
	-	 		
	-	1919	· · · · · ·	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	ivi			
(Mutting utilities) MAT BE A FOST OFFICE BO	<u>a</u>) _			
	_			
•	-			
D. If amending the registered agent and/or register		in Florida, enter the nam	ne of the	
new registered agent and/or the new registered	office address:			
Name of New Registered Agent				
	(Florida street d	-14>		
	(Fioriau sireei i	iaaress)		
New Registered Office Address:	(City)	, Florida_	(Zip Code)	
	(0.13)		(Zip Couc)	
New Registered Agent's Signature, if changing Reg		and against the obligation	a af tha manition	
I hereby accept the appointment as registered agent.	ı am jamınar wun	ana accept the obligation.	s of the position.	
Signature of Ne	ew Registered Agei	nt. if changing		

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 <math>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.

Example: X Change		John Doe	
X Remove		Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change	<u>V</u>	Jeremy Klempner	2070 Carpetgreen St.
X Add			Port Charlotte, FL 33948
Remove			
2) Change			<u> </u>
Add			
Remove			
3) Change		•	
Add			
Remove			
4) Change		· · · · · · · · · · · · · · · · · · ·	
Add			
Remove			
5) Change			
Add			**************************************
Remove			
6) Change			<u> </u>
Add			
Damaua			

attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
	
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	4
an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	ndment if not contained in the amendment itself:
Lituat applicable indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicale N/A)	
(if not applicable, indicale N/A)	
(if not applicable, indicate N/A)	
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption: 10 (24 12	
Effective date if applicable: (0/24/12	
(no more than 90 days after amendment file do	ite)
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the a by the shareholders was/were sufficient for approval.	mendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The follow must be separately provided for each voting group entitled to vote separately on the amenda	
"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 action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and sha action was not required. 	
Signature (By a director, president or other officer—indirectors or officers have selected, by an incorporator—if in the hands of a receiver, trustee, of appointed fiduciary by that fiduciary)	ve not been or other court
(Typed or printed name of person signing) (Pitie of person signing)	lent