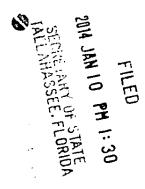
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Office Use Only

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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations					
NAME OF CORPORATION: HOB Ventures P.A. DOCUMENT NUMBER: P02000034539					
DOCUMENT NUMBER: V0200034539					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
H. Craig Bennett Name of Contact Person					
2189 Sadler Road					
Amelia Island FL 32034 City/ State and Zip Code					
Craig & Craig bennett-biz E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (904) 556-1122 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee Set 19 Section Fee Set 19 Section Fee S					
Mailing Address Amendment Section Street Address Amendment Section					
Division of Corporations Division of Corporations					

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

	Articles of Incorporatio	n
	of	FILED
HCB Ventures (Name of Corporation as currently fi	PA	10 PM 1: 30
(Name of Corporation as currently fi	led with the Florida De	pt. of Stale A JAN 10
P020000345	39	SECINETARY OF STATE JALLAHASSEE, FLORIDA
(Document Number of	Corporation (if known)	TALLAHASSEE
the provisions of section 607,1006, Florida of Incorporation:	a Statutes, this <i>Florida P</i> .	
ding name, enter the new name of the co	orporation:	

(Document Number of Corporation (if known) JALLAHA	5566-1-2
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:		opts the following amendment(s) to
A. If amending name, enter the new name of the corporation: N. Cra. a Bennett P.A. name must be distinguishable and contain the word "corporation"		The new
name must be distinguishable and contain the word "corporatio "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or ' word "chartered," "professional association," or the abbreviation	'Co". A professional corpora	rated" or the abbreviation tion name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
D. If amending the registered agent and/or registered office add	ress in Florida, enter the nam	ne of the
new registered agent and/or the new registered office addres		
Name of New Registered Agent /	2	
(Florida st	reet address)	
New Registered Office Address:	, Florida	
New Registered Office Address: (City)	(Zip Code)
No. Design and Associate Circumstance Design Design	4.	
New Registered Agent's Signature, if changing Registered Agen	<u>l:</u>	Cal

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

address of each Officer of (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO = held. President, Treasures Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or D if necess rector titl President Chief I r, Directo in the for	Prector being added: Eary) The by the first letter of the office title: The Treasurer; S= Secretary; D= Dir Thinancial Officer. If an officer/director Thinancial be PTD. Thinancial manner. Currently John Doe is Thinancial of the V	each officer/director being removed and title, name, and ector; TR= Trustee; C = Chairman or Clerk, CEO = Chief holds more than one title, list the first letter of each office listed as the PST and Mike Jones is listed as the V. There is and S. These should be noted as John Doe, PT as a Change,
Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones /	A
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change			
Add Remove			
2) Change		_	
Add Remove			
3) Change			
Add Remove			
4) Change			
Add			
Remove			
5) Change			
Remove			
6) Change			
Add			

Remove

Attach additional sheets, if necessary).	
	N/A
· = ·	

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-	
lf an amendment provides for an exc	hange, reclassification, or cancellation of issued shares,
provisions for implementing the amo	endment if not contained in the amendment itself:
2. C. C. T. I. I. C.	
(if not applicable, indicate N/A)	N/A
(if not applicable, indicate N/A)	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
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"	
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	
Signature H. Crais Bennett	
(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)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
Director	
(Title of person signing)	