

PD2000107180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

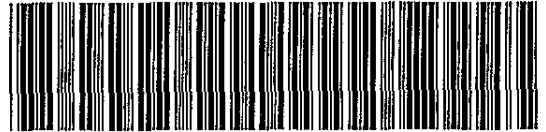
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

Name change
Ta 5/13/04



300034969883

05/06/04--01056--023 **35.00


FILED
04 MAY - 6 PM 4: 30
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

DUVAL PROPERTY GROUP, INC.

13748 Hammock Cay Drive
Jacksonville, FL 32225
904/881-1180

FILED
04 MAY -6 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MEMORANDUM

TO: Division of Corporations
FROM: Joseph W. Sullivan 
RE: Amendment Section
DATE: 5/4/04

Enclosed please find the necessary paperwork and check # 2005 in the amount of \$35.00 for a corporate name change. Should you require additional information, please contact me.

Thank you for your assistance in this matter.

The date of each amendment(s) adoption: 4/28/04

Effective date if applicable: 5/1/04
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

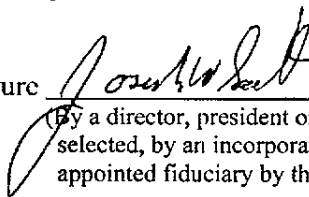
- The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting 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.

Signed this 28th day of April, 2004

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)

Joseph W. Sullivan

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35