P03000000344

(Req	uestor's Name)	
(AbbA)	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e#)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Coples	Certificates	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Na	me Change	
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and for	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
E.C.	Scarborough (Name of Person)	
	(Name of Person)	
S/0 a	N Sy stems me of Firm/Company)	
(Na	me of Firm/ Company)	
P.O. 7	BOX 2033	
	(Address)	
<u> Haines</u>	BOX 3033 (Address) C+y M . 33845 . cy/ State/ and Zip Code)	
(Ci	y/ State/ and Zip Code)	
For further information concerning this man	ter, please call:	
	· -	
_E.C. Ocarboroug	1 at (863) 422-3343. (Area Code & Daytime Telephone Number)	
(Name of Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amou		
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)	
Mailing Address	Street Address	
Amendment Section	Amendment Section	
Division of Corporations	Division of Cornerations	

P.O. Box 6327 Tallahassee, FL 32314 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 4, 2004

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E.C. SCARBOROUGH SLOAN SYSTEMS, INC. P.O. BOX 2033 HAINES CITY, FL 33845

SUBJECT: SLOAN SYSTEMS, INC.

Ref. Number: P03000000344

We have received your document for SLOAN SYSTEMS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown Document Specialist

Letter Number: 104A00030382

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	Articles of Amendment	FILER
	to	04 MAY 12 TH 1:28
	Articles of Incorporation of	State 14 1: 30
Sloan		In a straight of the
		Will state of the
(Name of corpora	ation as currently filed with the Flor	ida Dept. of State)
	1 6 4 (10)	
(Do	cument number of corporation (if kr	lown)
ursuant to the provisions of section	1 607.1006, Florida Statutes, th	nis Florida Profit Corporation
lopts the following amendment(s)	to its Articles of Incorporation	1:
EW CORPORATE NAME (if c	hanging):	
Stran Octor	To 20 1 1	1 1 1 1-00
SIOUTI, OSTER	Derg, Scarb	orough + ASSOC. Combbreviation "Corp.," "Inc.," or "Co.")
(must contain the word "corporation," "co	ompany, "or "incorporated" or the a	bbreviation "Corp.," "Inc.," or "Co.")
MENDMENTS ADOPTED- (O	THER THAN NAME CHAN	GE) Indicate Article Number(s)
nd/or Article Title(s) being amende		
97 by A. Leaning and Sec.		
	<u></u>	
	API-PLANE AND	
	(Attach additional pages if necessar	ry)
S		
	ange, reclassification, or cance	ellation of issued shares, provisions
	ange, reclassification, or cance	

(continued)

4/14/00
The date of each amendment(s) adoption: 7/7/04.
Effective date if applicable:
(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
Signature × Stare State
(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)
Steve Sloan (Typed or printed name of person signing)
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35