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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2008 DEC 22 PH 4: 42



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 15, 2008

PATRICIA POORE JOHN POORE INC/DBA ATLANTIC SURVEYING 1411 E. NEW YORK AVENUE DELAND, FL 32724

SUBJECT: JOHN POORE, INC. Ref. Number: P03000043628

We have received your document for JOHN POORE, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The attached form must be completed in order to file the document.

If the corporation is a <u>PROFIT</u> corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 208A00060357

SECRETARY OF STATE A MINOR STA

3008 DEC 55 VW 8: 00

BECEIVED,

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: JOHN	PoorE, Inc.	
DOCUMENT NUMBER: PO 30000	743628	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
Patricia Poore		
(Name of C	Contact Person)	
John Poore Inc	dba Atlantic Surveying	
(Firm/	Company)	
1411 E. NEW YOR	KAVE	
(Ac	idress)	
DeLand Florid (City/State	2 32724	
(City/ State	and Zip Code)	
For further information concerning this matter, ple	ease call:	
Patricie Poore	at (386) 747-241/ (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount mad	e payable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

John Po	ticles of Amendment to cles of Incorporation of	<u> </u>	FILED 2008 DEC 22 PM 4:4 SECRETARY OF STATE AHASSEE, FLORIDA
(Name of Corporation as curr	004362		TED ""ASSEE, FLORIDA
Pursuant to the provisions of section 607,100 following amendment(s) to its Articles of Incompany		ŕ	Corporation adopts the
A. If amending name, enter the new name o	f the corporation:		
The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or th	e designation "	Corp," "Inc," or
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI			
D. If amending the registered agent and/or new registered agent and/or the new regi		s in Florida, ent	er the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Florida stree	et address)	_
•	(City)	·	_, Florida (Zip Code)
New Registered Agent's Signature, if changi I hereby accept the appointment as registered position.		with and accep	ot the obligations of the
 ,	Signature of New Registe		

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) **Type of Action Title** Address Remove entucky Ave D Add **⊠** Remove of the 2 kives Add E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment(s) adoption:
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)
(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 (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)
TIMOTHY POOPE (Typed or printed name of person signing)
President (Title of person signing)