P03000075459

| (Requestor's Name) |
|--|
| (Address) |
| |
| (Address) |
| (City(City), (City(City), 17); |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (C) a vers and N vers hand |
| (Document Number) |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
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Office Use Only



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Amend. 09-21-09 Dc

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | Andrew Lalor Inc | 2. | | |
|--|---|--|--|--|--|
| DOCUMENT NU | JMBER: | P030000754 | 19 | | |
| The enclosed Artic | cles of Amendment and fee a | re submitted for filing. | | | |
| Please return all co | orrespondence concerning th | is matter to the following: | | | |
| | | Andrew Lalor | | | |
| | ת | lame of Contact Person | | | |
| | | Andrew Lalor Inc. | | | |
| | | Firm/ Company | | | |
| | 10197 | Tramore Ave. Unit A | | | |
| | Address | | | | |
| | - | | | | |
| | | iglewood, Fl. 34224 ity/ State and Zip Code | The state of the s | | |
| | | | | | |
| - | E-mail address: (to be use | nting@gmail.com d for future annual report notification | on) | | |
| For further inform | ation concerning this matter, | • | 070 1000 | | |
| .Name | Andrew Lalor of Contact Person | at (941) Area Code & Daytime | 270-1338 Telephone Number | | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida De | • | | |
| □ \$35, Filling Fee | ✓ \$43.75 Filling Fee & Certificate of Status | \$43:75. Filing Fee & Certified Copy (Additional copy is enclose | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C | | | |

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

| Andre | w Lalor, Inc. | | | |
|--|---|----------------------------|----------------|--------------|
| (Name of Corporation as curre | ntly filed with the Florida | Dept. of State) | | |
| P030 | 000075459 | | | |
| (Document Num | ber of Corporation (if know | vn) · | | |
| Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation: | , Florida Statutes, this Flo | orida Profit Corporation : | adopts the fo | ollowing |
| A. If amending name, enter the new name of | the corporation: | | | |
| | | | The ne | 142 |
| name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj | designation "Corp," "Inc, | " or "Co". A professiona | | |
| B. Enter new principal office address, if app. (Principal office address MUST BE A STREE | licable: | | | |
| (Frincipal Office dudress MOST DE ASTREE | <u> </u> | | | 8 |
| | | | 学品 | SEP T |
| | | | ASE. | _ gain |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | ~F RAY) | | SF? | ~ ; ~ ~ ; |
| maning damess mat beat out | <u> </u> | | | |
| | | | | PH 12: 0: |
| | *************************************** | | 37 | ហា |
| D. If amending the registered agent and/or r new registered agent and/or the new regis | egistered office address in stered office address: | Florida, enter the name | of the" | |
| | | | | |
| Name of New Registered Agent: | | | | |
| | | | | |
| New Registered Office Address: | (Florida street a | ddress) | | |
| | | , Florida (Zip Code) | | |
| | (City) | (Zip Code) | | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a | gent. I am familiar with a | | f the position | 2 . |
| S | ignature of New Registered | Agent, 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)

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|--|---------------------------------|
| Officer | Diane Vance | 16130 Via Solera Circle unit 101 Fort Myers, Fl. 33908 | ☑ Add □ Remove |
| | | | |
| | | | □ Add □ Remove |
| | | | |
| | | | |
| | | | |
| provisi | mendment provides for an exchang ons for implementing the amendment of applicable, indicate N/A) | e, reclassification, or cancellation of ent if not contained in the amendme | f issued shares, int itself: |
| | | | |
| | | | 7.0 |
| | | | |

| The date of each amendment | t(s) adoption: September 10, 2009 |
|--|---|
| Effective date if applicable: | September 10, 2009 |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/we by the shareholders was/we | re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval. |
| | re approved by the shareholders through voting groups. The following statement of 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/we action was not required. | re adopted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without shareholder action and shareholder |
| Signature(By | tember 10, 2009 a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court |
| | ointed fiduciary by that fiduciary) |
| | Andrew A. Lalor |
| | (Typed or printed name of person signing) |
| | President |
| | (Title of person signing) |