P03000076536

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
		
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



600208685136

06/10/11--01003--006 **35.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NC Newso 6-13-11

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: ALL PA	iones, INC	There's 4' between
DOCUMENT NU	JMBER: <i>P 03</i>	0000 76536	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	Ro	y Ports Name of Contact Person	
	NPRE	Firm/ Company	•
	4005 NW	Deer Oak Dwe	
	Jensen B	Deer Oak Dwie Address lack 71 34957	
		Ceyes . Com def future annual report notification)	
	ation concerning this matter,	please call:at (<u>772</u>) <u>631- (</u> Area Code & Daytime Tele	6490
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a checl	k for the following amount m	nade payable to the Florida Departi	ment of State:
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ad Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation

rticles of Incorpora of FILED

V	
ALL PHONES Inc.	11 JUN 10 PM 2: 43
(Name of Corporation as currently filed with the Florida Dept. of State	SECRETARY OF STATE
P030000 765 36	TALLAHASSEE FLORIDA
(Degument Number of Corneration (if known)	

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

NPRE, INC.		The
ame must be distinguishable and contain		
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro		
•	·	
. <u>Enter new principal office address, if app</u> Principal office address <u>MUST BE A STREE</u>	plicable: 9 4005 NW	1 <u>Dear Oak</u> Dw Beach, 71 34957
rincipal office address <u>MUST BE A STREE</u>	Tensen	Beach 71 34957
	(M / 3 - 13 - 13	7, 0,,,,,
. Enter new mailing address, if applicable	<u>:</u>	
Alana adding 164V DE 4 DOCT OFFI	OF BOY	
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	
(Mailing address <u>MAY BE A POST OFFI</u>	CE BOX	
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	
. If amending the registered agent and/or r	registered office address in Florida	, enter the name of the
	registered office address in Florida	, enter the name of the
. If amending the registered agent and/or to new registered agent and/or the new registered.	registered office address in Florida	, enter the name of the
. If amending the registered agent and/or r	registered office address in Florida	, enter the name of the
If amending the registered agent and/or not new registered agent and/or the new registered agent: Name of New Registered Agent:	registered office address in Florida stered office address:	, enter the name of the
If amending the registered agent and/or not new registered agent and/or the new registered.	registered office address in Florida	, enter the name of the
. If amending the registered agent and/or not new registered agent and/or the new registered agent: Name of New Registered Agent:	registered office address in Florida stered office address:	
If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in Florida stered office address:	, enter the name of the , Florida
If amending the registered agent and/or not new registered agent and/or the new registered agent: Name of New Registered Agent:	registered office address in Florida stered office address: (Florida street address)	, Florida
If amending the registered agent and/or not new registered agent and/or the new registered agent: Name of New Registered Agent:	registered office address in Florida stered office address: (Florida street address) (City) ng Registered Agent:	, Florida (Zip Code)

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> Name <u>Address</u> Type of Action □ Add ☐ Remove □ Remove ☐ Remove 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: 6-5-//	
Effective date <u>if applicable</u> :	(date of adoption is required)	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the argre sufficient for approval.	nendment(s)
	e approved by the shareholders through voting groups. The follow d for each voting group entitled to vote separately on the amendme	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and	shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shar	eholder
Dated Signature (By sele	a director, president or other officer – if directors or officers have rected, by an incorporator – if in the hands of a receiver, trustee, or officers have rected.	not been
appo	pinted fiduciary by that fiduciary)	
	Roy F. Potts Ja (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Sect Tues	
	(Title of person signing)	