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(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Five Po	oint Administration, Inc.				
DOCUMENT NUMBER: P030000948	891				
The enclosed Articles of Amendment and i	fee are submitted for filing.				
Please return all correspondence concerning	g this matter to the following:				
Ute Krantz		,			
(N	ame of Contact Person)	· ······			
Five Point Administra	ation, Inc.				
	(Firm/ Company)				
6091 Martha's Lane					
	(Address)				
St Cloud, Florida 34771					
(Ci	ty/ State and Zip Code)				
For further information concerning this mat	tter, please call:				
Ute Krantz		at (_407) 908-3279			
(Name of Contact Person)	(Area Code & Daytime	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amou	nt:	,			
\$35 Filing Fee \$\text{\$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 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 Cir Tallahassee, FL 32301	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle			

Articles of Amendment to Articles of Incorporation of

OG SEP 18 PM 9:41.

TALLAHASSEE FLORIDA

Five Point Administration, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

P03000094891

(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:

NEW CORPORATE NAME (if changing):

(Must co	ontain the word "corporation must	ation," "company," o st contain the word "	or "incorporated" chartered", "prof	or the abbi Tessional as	reviation "Corp.," "Inc.," or "Co.") sociation," or the abbreviation "P.A.")
	NDMENTS ADOP Article Title(s) bein				GE) Indicate Article Number(s)
New	Address: 609	91 Martha's	Lane, St.	Cloud,	Florida 34771
			····.		
	- Th				
				······	
 			···		
					
		(Attach a	dditional pages i	f necessary)
If an ar for imp	mendment provides plementing the amer	for exchange, recondment if not con	classification, tained in the a	or cancel amendmen	lation of issued shares, provisions nt itself: (if not applicable, indicate N/A
					
	·		(continued)	_	

The date of each amendment(s) adoption: 09/12/06
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.
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)
Ute Krantz
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35