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SECRETARY OF STATE





## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: Chamble	ess Enterprises Inc	
DOCUMENT NUMBER: PO 3000	137706	
The enclosed Articles of Amendment and fee are sub	mitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
4		
Tina Nous	Contact Person	
yane or	Contact I cison	
Chambless E	Enterprises Inc.	
5137 Hickson	Address Address	
Jax FL City/Sta	32207 te and Zip Code	
+in 1771@ com C	ast net ture annual report notification)	
For further information concerning this matter, please	a call:	
For further information concerning this matter, please	And 1170 2553	
Tina Noyes	at (909) 4/2-033 3	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)	
Mailing Address S	Street Address	
Amendment Section	Amendment Section	
	Division of Corporations	
	Clifton Building 1661 Executive Center Circle	
141141141141141414	out mitating control on the	

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation (Name of Corporation as currently filed with the Florida Dept. of State) (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: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) Florida (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature 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)

Title VP	Milton Portney	Address 5737 HiCL Jax Fl 3220	Type of Action  San Ray Add  Remove
	·····		☐ Add ☐ Remove
			☐ Add ☐ Remove
(attach ad	dditional sheets, if necessary). (Be speci	JIC)	
provisi	mendment provides for an exchange, recons for implementing the amendment if not applicable, indicate N/A)		
	Hon Portney enneth Wells	Sident VP T	90 /0 10 %
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The date of each amendment(s) adoption: 5-15-2010
Effective date if applicable: 5-15-2010
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
(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 stateme 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"
by"  (voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 5-15-2010
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)
Tina Noyes (Typed or printed name of person signing)
President (Title of person signing)