P04000005243

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TALLAHASSEE, FI ORITIL

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: Family Living Spaces	Inc.
DOCUMENT NUMBER: PO 4000005243	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Charles F Mace Name of Contact Person	
Zoom Tech Construction Services	- IN
13700 5 utter Park Dr N # 72.	6
Top F1 32224 City/ State and Zip Code	20
E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)	RECEIVES
For further information concerning this matter, please call:	0
Charles F Mace at (904) 236-3425 Name of Contact Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Set Status Stat	
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2009

CHARLES F MACE FAMILY LIVING SPACES INC 13700 SUTTON PARK DR N #726 JACKSONVILLE, FL 32226

SUBJECT: FAMILY LIVING SPACES INC.

Ref. Number: P0400005243

We have received your document for FAMILY LIVING SPACES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Letter Number: 209A00025675

Teresa Brown Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

Articles of An	rendment	
to		and the same
Articles of Inco	rporation	FINE
Family Living &	paces She.	PILED CRETARY OF ST. 32
(Name of Corporation as currently filed with	he Florida Dept. of State)	CAETA PAID.
Po4000052	43	CHETARY OF STATE AHASSEE. FLORIDA
(Document Number of Corporati	on (if known)	ORID
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Profit Corporation</i> adop	ots the following
A. If amending name, enter the new name of the corporation	-	
Zoom Tech Construction	Services INC.	The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," or Co.," or the designation "Corp.," or Co.," or the designation "Corp.," or Co., "Inc.," or Co.," or the designation "Corp.," or Co.," or Co., "Inc.," or Co., "In	oration," "company," or "incorporate orp," "Inc," or "Co". A professional co tion," or the abbreviation "P.4."	d" or the orporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	13700 Sutton Runk Jux F1 32224	DRN #726
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 new registered agent and/or the new registered office add		<u>he</u>
new registered agent and/or the new registered office add	I <u>ress:</u>	
Name of New Registered Agent:	·	
New Registered Office Address: (Flori	da street address)	
· ·	, Florida	

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.

(City)

Signature of New Registered Agent, if changing

(Zip Code)

		ors, enter the title and name of each of each Officer and/or Director being	
	ditional sheets, if necessary)	reach Cities and or Director boning	
Title	<u>Name</u>	<u>Address</u>	Type of Action
<u> 1 itic</u>	Name	Address	Type of Action
			
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		·	LI Kellove
			-
.			<u> </u>
			,
E. <u>If amen</u>	ding or adding additional A	rticles, enter change(s) here:	
	additional sheets, if necessary).		
			,
			,
			<u> </u>
F. Ifana	mendment provides for an e	xchange, reclassification, or cancella	tion of issued shares.
provis	ions for implementing the am	nendment if not contained in the ame	
(if	not applicable, indicate N/A)		
			· · · · · · · · · · · · · · · · · · ·
			,
	·		

The date of each amendment	t(s) adoption:		1-21-2001	
Effective date <u>if applicable</u> :		(date of adopt	ion is required)	
Effective date <u>if applicable.</u>	(no more than	90 days after ame	ndment file date)	
Adoption of Amendment(s)	(CI	HECK ONE)		
The amendment(s) was/we by the shareholders was/we			ne number of votes cas	st for the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the amer	ndment(s) was/we	re sufficient for appro	val ,
by			,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	(voting group)			
The amendment(s) was/we action was not required. The amendment(s) was/we				
action was not required.				
Dated	7-2	9-2009 U2 Ch	-	
Signature				
sele	ected, by an incor		er – if directors or off hands of a receiver, to	
	, (Charles	me of person signing)	: <u>e</u>
		pred or printed na Preside		
•		of person signing)	· // /	