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SECRETARY OF STATE
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	BTAN INC.	
DOCUMENT NU	ЛМВЕR:	P0400001571	9
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
	,	WILLIAM OWENS	
	1	Name of Contact Person	
		BTAN INC.	
		Firm/ Company	
	802	SUNCREST DRIVE	
		Address	
	N	OKOMIS,FL 34275	
		City/ State and Zip Code	
	E-mail address: (to be use	ed for future annual report notification	n)
For further inform	ation concerning this matter	, please call:	
w	ILLIAM OWENS	at (941)Area Code & Daytime	232-8415
Name	e of Contact Person	Area Code & Daytime	Telephone Number
Enclosed is a chec	k for the following amount r	nade payable to the Florida Dep	partment of State:
☑ \$35 Filing Fœ	S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>Mailing A</u> Amendmer		Street Address Amendment Section	
Amendme	A		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

FILED

BTAN INC

2010 NOV -8 PM 3113

(Name of Corporation as currently filed with the Florida Dent of State)

P04000015719

TALLAHASSEE, FLORIDA

(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:

name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp." "Inc." or	"Co". A professional corporation
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicables (Mailing address <u>MAY BE A POST OFFI</u>)		
D. If amending the registered agent and/or r new registered agent and/or the new regis		da, enter the name of the
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida street address	
	(City)	, Florida (Zip Code)
	,	
New Registered Agent's Signature, if changing is the changing of the composite of the compo		ept the obligations of the position.

Page 1 of 3

<u>itle</u>	Name	Address	Type of Action
<u> </u>	ERIC MUSIC	106 N. RIVER BLVD NOKOMIS.FL 34276	☐ Add ☐ Remove
,		- 271	Add Remove
	ding or adding additional Artic additional sheets, if necessary).		Add Remove

WILLIAM OWENS
(Typed or printed name of person signing)

DP/ BTAN INC

(Title of person signing)