P04000050345

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2/11/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: ULYSSE TH	ERAPY INC.		
DOCUMENT NUM	BER: P04000050345			
The enclosed Articles	s of Amendment and fee a	re submitted for filin	g.	·
Please return all corre	espondence concerning thi	s matter to the follow	ving:	
STED	ULYSSE			
	(Name o	of Contact Person)		
	(Fir	m/ Company)		
11010	JEWEL BOX LANE			
		(Address)		
TAMA	RAC, FL, 33321			
	(City/ St	tate and Zip Code)		
For further informati	on concerning this matter,	please call:		
STED ULYSSE		at (<u>954</u>	720-3103	
(Name o	f Contact Person)	(Area Code	e & Daytime Te	lephone Number)
Enclosed is a check t	or the following amount:			
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing For Certified Copy (Additional cope enclosed)		□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment! Division of C P.O. Box 632 Tallahassee,	Section forporations 7	Street Address Amendment Se Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations g Center Circl	e

Articles of Amendment to Articles of Incorporation of

FILED

2008 FEB -6 AM 8: 25

ULYSSE THERAPY INC.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

P04000050345	
(Doc	cument number of corporation (if known)
Pursuant to the provisions of section adopts the following amendment(s)	n 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> to its Articles of Incorporation:
NEW CORPORATE NAME (if cl	hanging):
ULYSSE ENTERPRISES INC.	
Must contain the word "corporation," "con A professional corporation must contain the	mpany," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") ne word "chartered", "professional association," or the abbreviation "P.A.")
	THER THAN NAME CHANGE) Indicate Article Number(s) ed, added or deleted: (BE SPECIFIC)
N/A	
, , , , , , , , , , , , , , , , , , , ,	
•	
	·
)	
• •	(Attach additional pages if necessary)
If an amendment provides for excha for implementing the amendment if	ange, reclassification, or cancellation of issued shares, provision not contained in the amendment itself: (if not applicable, indicate N
N/A	

(continued)

The date of each amendment	t(s) adoption: <u>01/01/2008</u>
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
	was/were approved by the shareholders. The number of votes cast for by the shareholders was/were sufficient for approval.
	was/were approved by the shareholders through voting groups. The t must be separately provided for each voting group entitled to vote mendment(s):
"The number of	f votes cast for the amendment(s) was/were sufficient for approval by
	(voting group)
	was/were adopted by the board of directors without shareholder action tion was not required.
The amendment(s) shareholder action	was/were adopted by the incorporators without shareholder action and was not required.
selec	director, president or other officer - if directors or officers have not been sted, by an incorporator - if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
ST	ED ULYSSE
, часана	(Typed or printed name of person signing)
DIF	RECTOR
	(Title of norcen cigning)

FILING FEE: \$35