# 764000077872

(Requestor's Name)  (Address)  (Address).  (City/State/Zip/Phone #)	700043784217 01/10/0501035017 **43.75				
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	05 JAN 10 PH 1: 03 SECRETARY OF STATE SALL AHASSEE, FLORIDA				
Special Instructions to Filing Office Special Instructions to Filing Office DATE of ADD AND AND AND AND AND AND AND AND AND	poton DOA 131/5/65				

Office Use Only



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 14, 2005

LAURIE I. JAFFEE \*\*\*HOLDING AT MY DESK, KRG OPTIONS ADVANTAGE GUIDE, INC. 6150 TURNBURY PARK DR., SUITE 3208 SARASOTA, FL 34243

SUBJECT: OPTIONS ADVANTAGE GUIDE, INC.

Ref. Number: P04000077872

We have received your document for OPTIONS ADVANTAGE GUIDE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

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) 245-6880.

Letter Number: 405A00002843

Karen Gibson Document Specialist

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: OPTIONS ADVANTAGE GUIDE, INC.
DOCUMENT NUMBER: P0 40000 77872
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LAURIE I. JAFFEE (Name of Contact Person)
OPTIONS ADVANTAGE GUIDE INC. (Firm/Company)
6150 TURNBURY PARK DRIVE SUITE 3208 (Address)
SAKASOTA FLOKIDA 34243 (City/State/ and Zip Code)
(City/ State/ and Zip Code)  For further information concerning this matter, please call:
LAUKIE I. JAFFEE at (941) 355-9682  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\$43.75 Filing Fee & \$\$2.50 Filing Fee \$\$Certificate of Status \$\$Certified Copy (Additional copy is enclosed) \$\$(Additional Copy is enclosed)

# **Mailing Address**

. TO: Amendment Section

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

# **Street Address**

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

## Articles of Amendment to Articles of Incorporation of

#### ADVANTAGE GUIDE INC.

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

P0400077872 (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):**

and/or Article Title(s) being an		<u> </u>		,		
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**** *********************************	(Attach addition	nal pages if neces	ssary)	<u> </u>		

(continued)

the state of the s	
The date of each amendment(s) adoption:	
Effective date if applicable:  (no more than 90 days after amendment file date)	
(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.	
Signed this 05 day of Jonuary , 2005.	
Signature  (By a director, president of 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)	
(Typed or printed name of person signing)	
(1) post of printed name of person signing)	
Salke Time/ (Title of person signing)	
masola, Florida	

FILING FEE: \$35

ANETTE PECCA
MY COMMISSION # DD016997
EXPIRES: July 28, 2005
Bossie To Large and Disc Underwriters