PO4000080402

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
0.16.4.0
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opening of the second s

Office Use Only



500159880465

08/31/09--01023--017 **8.75

09/04/09--01015--016 **35.

SECRETARY OF STATE

TALLARIASSEE, FEORIB

Ameril C.COULLIETTE

SEP 09 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION:	The Old	Renaissance Ma	n, Inc.
DOCUMENT N	U MBER:		P04000080402	
The enclosed Arti	cles of Amendment a	and fee are submitte	ed for filing.	
Please return all c	orrespondence concer	rning this matter to	the following:	
		Carlos Castar		
		name or Cond	ict rerson	
			a & Flynn, LLP	
		Firm/ Con	ipany	
		1109 South Cong	gress Avenue	
`4 . M		Addre	ss	
		West Palm Bead		
		City/ State and	Zip Code	
	E-mail address: ((to be used for future a	nnual report notification)	
For further inform	ation concerning this	matter, please call	:	
Cario	os Castaneda, CPA	at (561) 6 Area Code & Daytime Te	342-4200
			le to the Florida Depar	
☑ \$35 Filing Fee	\$43.75 Filing Fee Certificate of Star	tus Cer	.75 Filing Fee & tified Copy ditional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
P.O. Box 6	nt Section f Corporations	Amen Divisi Clifto 2661	t Address Idment Section Idmon of Corporations In Building Executive Center Circ Inassee, FL 32301	le



September 2, 2009

CARLOS CASTANEDA, CPA YEEND, CASTANEDA & FLYNN, LLP 1109 SOUTH CONGRESS AVE WEST PALM BEACH, FL 33406

SUBJECT: THE OLD RENAISSANCE MAN, INC.

Ref. Number: P04000080402

We have received your document for THE OLD RENAISSANCE MAN, INC. and check(s) totaling \$8.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$35.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Letter Number: 409A00029422

Cheryl Coulliette Regulatory Specialist II

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

Articles of Amendment to Articles of Incorporation of

The Old Renaissa	nco Man J	no				
(Name of Corporation as currently file			tate)			
P0400008	80402					
(Document Number of C	Corporation (if I	(nown)				
Pursuant to the provisions of section 607.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this	Florida Profi	t Corporation	adopts	the fo	llowing
A. If amending name, enter the new name of the co	rporation:					
		,			he ne	
name must be distinguishable and contain the wor abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "professional	ation "Corp," '	'Inc," or "Co".	A profession	orated" nal corp	or th oratio	n n
B. Enter new principal office address, if applicable:				Σss	60	
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)				3S 6	e operate
				表記	TO I	ţ : uxanu
			······································		ω To	# #
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>x</u>)			17 00	% #	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	,			另至	28	Angu.
				2*		
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		ss in Florida, e	nter the name	of the		
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	***			
New Registered Office Address:	(Florida stre	et address)				
			, Florida			
	(City)	(2	Zip Code)			
New Registered Agent's Signature, if changing Registereby accept the appointment as registered agent. I		th and accept th	e obligations c	of the po	sition	

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 Name Address Type of Action PD Thomas R. Roberts ☐ Add 8295 Palomino Drive ☑ Remove Lake Worth, FL 33467 Tammy Roberts VSD 8295 Palomino Drive ☑ Remove Lake Worth, FL 33467 PSD Tammy Roberts 8295 Palomino Drive E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
VPD	Thomas R. Roberts	8295 Palomino Drive Lake Worth, FL 33467	ADD

The date of each amendment	(s) adoption: August 26, 2009
Effective date if applicable:	· (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statemend 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated Augu	ust 26, 2009
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	Tammy Roberts
	(Typed or printed name of person signing)
	President
	(Title of person signing)