## P0400082063

| (Re                                     | questor's Name)   | <del></del>     |  |
|---|-------------------|-----------------|--|
| (Ad                                     | dress)            |                 |  |
| (Ad                                     | dress)            |                 |  |
| (Cit                                    | y/State/Zip/Phone | <del>;</del> #) |  |
| PICK-UP                                 | WAIT              | MAIL            |  |
| (Bu                                     | siness Entity Nam | ne)             |  |
| (Document Number)                       |                   |                 |  |
| Certified Copies                        | _ Certificates    | of Status       |  |
| Special Instructions to Filing Officer: |                   |                 |  |
|   |                   |                 |  |
| ,                                       |                   |                 |  |
|   |                   |                 |  |

Office Use Only

12/1208



700138313037

12/01/08--01018--023 \*\*35.00

NC Arend

SECRETARY OF STATE TALL AHASSEF, FLORIDA

## **COVER-LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPORATION: TAYLOR  |  |  |  |  |  |
|--|--|--|--|--|--|
| DOCUMENT NUMBER: 80400082063   |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are s   | ubmitted for filing.   |  |  |  |  |
| Please return all correspondence concerning this m   | atter to the following:  |  |  |  |  |
| VAUGHAN M TA   | LAR<br>ontact Person)  |  |  |  |  |
| (Firm/ C   | Company)   |  |  |  |  |
| 349 NW 21ST TEN  | 2RACS<br>dress)  |  |  |  |  |
| CALE CORAL FL 33993 (City/ State and Zip Code)   |  |  |  |  |  |
| For further information concerning this matter, please call:                                   |  |  |  |  |  |
| VAUGHAN M TAYLOR (Name of Contact Person)  | at (239) 297 7553<br>(Area Code & Daytime Telephone Number)  |  |  |  |  |
| Enclosed is a check for the following amount made payable to the Florida Department of State:  |  |  |  |  |  |
| \$35 Filing Fee \$\times \text{Certificate of Status}\$  | S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |  |  |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  |  |  |  |  |

## Articles of Amendment to

**Articles of Incorporation** 

FILED

2008 050 11

| Λ   | UI                                      |  | 11 720 BAR                            | AM 10: 0L             |
|---|---|--|---------------------------------------|-----------------------|
| TAYLOR INTERN   | ATIONAL                                 | - 12 -                                 | SECRETARY                             | OF                    |
| (Name of Corporation as cu  | irrently filed with                     | the Florida Dept.                      | JASOLA HASSEE                         | FLORIDA               |
| 104000082063  |   |  |                                       |                       |
| (Document )   | Number of Corpora                       | tion (if known)                        |                                       |                       |
| Pursuant to the provisions of section 607. following amendment(s) to its Articles of In   |   | utes, this <i>Florida</i>              | Profit Corporatio                     | n adopts the          |
| A. If amending name, enter the new nam  | e of the corporation                    | on:                                    |                                       |                       |
| TAYLOR INTE   | RNATION                                 | JAI- (CAP                              | E CORAL)                              | 120                   |
| The new name must be distinguishable "incorporated" or the abbreviation "Corp. "Co". A professional corporation nassociation," or the abbreviation "P.A." | e and contain the<br>o.," "Inc.," or Co | e word "corpord<br>o.," or the designd | ution," "company<br>ution "Corp," "In | c," or                |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR   |   | CAPEC                                  | NW 215-<br>DRAL<br>2993               | TERACE                |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF  |   | <u></u>                                | IN dist                               | ERRACE                |
| D. If amending the registered agent and/  | or registered offic                     | e address in Flori                     | da. enter the nam                     | e of the              |
| new registered agent and/or the new r   |   |  | 0                                     | <del></del>           |
| Name of New Registered Agent:   | VAUGH.                                  | AN TA                                  | 1LOK                                  |                       |
| New Registered Office Address:  |   | rida street address)                   | TERRAG                                |                       |
|   | CAPÉ CO                                 | RAL_<br>(City)                         | , Florida(Zip Co                      | <u>33</u> 993<br>ode) |
| New Registered Agent's Signature, if cha  | nging Registered A                      | Agent:                                 |                                       |                       |
| I hereby accept the appointment as registe  | ered agent. I am                        | familiar with ghi                      | accept the oblig                      | ations of the         |
| position.   | la                                      | 1 //                                   |                                       |                       |

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) Address Type of Action Title Name ☐ Add ☐ Remove ☐ Remove ☐ Remove 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)

| The date of each amendment  | (s) adoption:   |  |
|---|---|--|
| Effective date if applicable:  (no more than 90 days after amendment file date) |   |  |
| Adoption of Amendment(s)  | (CHECK ONE)   |  |
| The amendment(s) was/wer 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 statement of 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  | 22  |  |
|   | (voting group)  |  |
| The amendment(s) was/wer action was not required.                               | re adopted by the board of directors without shareholder action and shareholder   |  |
| The amendment(s) was/wer action was not required.                               | re adopted by the incorporators without shareholder action and shareholder  |  |
| Dated   | 1000 11 Car   |  |
| Signature<br>(By<br>sele  | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary) |  |
|   | VAUGHAJ M TAYLOR (Typed or printed name of person signing)  |  |
|   | (Title of person signing)   |  |