# P04000109305

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
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| (Cit                    | y/State/Zip/Phone | e#)       |
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SECRETARY OF STATE
VALLAHASSFE, FISHE

NC



September 2, 2004

SONIA LYN ESSLYNK CORPORATION 3134 SHERIDAN AVENUE MIAMI BEACH, FL 33140

SUBJECT: ESSLYNK INCORPORATED

Ref. Number: P04000109305

We have received your document for ESSLYNK INCORPORATED and your check(s) totaling \$35.00... However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6869.

Letter Number: 904A00053398

Teresa Brown Document Specialist

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|                   |                                  |                 | YNK 11   |               | NATED   |
|-------------------|----------------------------------|-----------------|--|---------------|---|
| DOCUMENT 1        | NUMBER:                          | P 040           | 00 10 930  | 5             |   |
| The enclosed A    | rticles of Amendmo               | ent and fee are | submitted for filing.                                      |               |   |
| Please return all | correspondence co                | oncerning this  | matter to the followi                                      | ng:           |   |
|                   | Soi                              | NIA L           | Contact Person)  |               |   |
| _                 |                                  | (Name of        | Contact Person)  |               |   |
|                   |                                  | •               | Compond (Company)  |               |   |
| _                 |                                  | (Firm           | / Company)   |               | <del></del>   |
|                   | 3134                             | SHER            | LIDAN AV   | E             |   |
|                   |                                  | (/              | Address)   |               | -   |
|                   | MIAM                             | ; B2            | ALT R  | 33 19         | /0  |
|                   |                                  | (City/ Stat     | e/ and Zip Code)   |               |   |
| For further infor | mation concerning                | this matter, pl | ease call:   |               |   |
| 50                | NA LY                            | N               | at (325)_<br>(Area Code &                                  | 532           | 1947  |
| (Na               | ame of Contact Person)           |                 | (Area Code &   | Daytime Telep | phone Number)   |
| Enclosed is a ch  | eck for the following            | ng amount:      | ·  |               |   |
| ⊠∕\$35 Filing Fee | □ \$43.75 Filin<br>Certificate o | _               | □ \$43.75 Filing Certified Copy (Additional copy enclosed) |               | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |

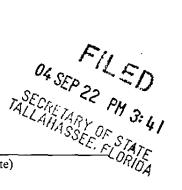
## Mailing Address

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



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

P 04000 /093 05
(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):  |
|--|
| ESSLYNK CONPORATION  |
| (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.") |
| AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)  |
| and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)   |
|  |
| NA   |
|  |
|  |
|  |
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|  |
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|  |
|  |
| (Attach additional pages if necessary)   |
|  |
| If an amendment provides for 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                          |
|  |
| NY   |
|  |

(continued)

| The date of each amendment(s) adoption: 7-30-04  |
|--|
| Effective date if applicable: ASAP   |
| (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 15 day of SEPT 2004.   |
| Signature  (By a director, president or 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)   |
| SONIA LUN  |
| (Typed or printed name of person signing)  |
| PRESIDENT  |
| (Title of person signing)  |

FILING FEE: \$35