## P04000112608

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | dress)             |           |
| (Ad                     | dress)             |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | MAIT               | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
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WASTIGN OF CORPORATIONS
TANGESSEE FLORIDA

DOR 1/29/11

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

|                      | PORATION: Goife                            |  |   |
|----------------------|--|--|---|
| DOCUMENT NU          | jmber: <u>Po 4000 /</u>                    | 12608  |   |
|                      | cles of Amendment and fee a                |  |   |
| Please return all co | orrespondence concerning th                | is matter to the following:  |   |
|                      | Denise 1                                   | lame of Contact Person   | ·   |
|                      | Certies _                                  | Firm/ Company  |   |
|                      | 3929 (rawa                                 | andville Tel   |   |
|                      | Tallahassee                                | ity/ State and Zip Code  |   |
| ,<br>                |  |  |   |
|                      | E-mail address: (to be use                 | d for future annual report notification  | n)  |
| For further inform   | ation concerning this matter,              | please call:   |   |
|                      |  | at (   |   |
| Name                 | of Contact Person                          | Area Code & Daytime  | : Telephone Number  |
| Enclosed is a chec   | k for the following amount n               | nade payable to the Florida De   | partment of State:  |
| ■\$35 Filing Fee     | \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclose                                  | S52.50 Filing Fee Certificate of Status d) Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6           | nt Section<br>Corporations                 | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C |   |

Tallahassee, FL 32301

## **Articles of Amendment** to **Articles of Incorporation**

| (Name of Corporation as curr   |  | 11 11 22                      |
|--|--|-------------------------------|
|  |  | 11 JUL 29 PM 12:              |
|  | rently filed with the Florida Dent of Sta  | te) was sufficient as         |
|  |  | - 「からの強制の企業をとって、入口」           |
| Po 4000/126  |  |                               |
| (Document Nu   | mber of Corporation (if known)             |                               |
| rsuant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:   |  | Corporation adopts the follow |
| If amending name, enter the new name of  | of the corporation:                        | _                             |
|  |  | The new                       |
| ne must be distinguishable and contain<br>previation "Corp.," "Inc.," or Co.," or th<br>ne must contain the word "chartered," "pro | e designation "Corp," "Inc," or "Co". A    | 1 professional corporation    |
| Enter new principal office address, if app   | plicable:                                  |                               |
| incipal office address MUST BE A STREE   |  | ·                             |
|  |  | <del></del>                   |
|  |  |                               |
|  | <del></del>                                |                               |
|  |  |                               |
| Enter new mailing address, if applicable   | <u>e:</u>                                  |                               |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI   |  | <del></del>                   |
|  |  | <del></del>                   |
|  |  |                               |
|  |  |                               |
| (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or   | registered office address in Florida, ente | er the name of the            |
| (Mailing address <u>MAY BE A POST OFF)</u>   | registered office address in Florida, ente | er the name of the            |
| (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new registered agent. | registered office address in Florida, ente | er the name of the            |
| (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or   | registered office address in Florida, ente | er the name of the            |
| (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new registered Agent: | registered office address in Florida, ente | er the name of the            |
| (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new registered agent. | registered office address in Florida, ente | er the name of the            |
| (Mailing address MAY BE A POST OFF)  If amending the registered agent and/or new registered agent and/or the new registered Agent: | registered office address in Florida, ente | er the name of the            |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

| <u>Title</u> | Name  | Address | Type of Action |
|--------------|---|---------|----------------|
| P            | JOHNI R. WILLIAMS   |         | Add Remove,    |
| W.P          | Josephenni Williams   |         | Add Remove     |
| 2            | M.D. Milliams   |         | Add ☐ Remove   |
| (attach aa   | ling or adding additional Articles, enter celditional sheets, if necessary). (Be specifically additional sheets, if necessary). (Be specifically additional sheets, if necessary). (Be specifically additional sheets, if necessary). | e)<br>  | Pary P.        |
| provisio     | nendment provides for an exchange, reclange is for implementing the amendment if no applicable, indicate N/A)   |         |                |
|              |   |         |                |
|              |   |         |                |
|              |   |         |                |

| The date of each amendment(                            | s) adoption:  |
|--|---|
| Effective date if applicable:                          | (date of adoption is required)  |
| Enecute date <u>it applicable</u> .                    | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                               | (CHECK ONE)   |
| The amendment(s) was/were by the shareholders was/were | e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.  |
| The amendment(s) was/were must be separately provided  | e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):  |
| "The number of votes c                                 | ast for the amendment(s) was/were sufficient for approval   |
| by   | , ,,,,  |
| (  | voting group)   |
| The amendment(s) was/were action was not required.     | adopted by the incorporators without shareholder action and shareholder   |
| Dated  | - 29-1/   |
| Signature  | (Ille)  |
| select   | director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court nted fiduciary by that fiduciary) |
|  | (Typed or printed name of person signing)   |
|  | (Typed or printed name of person signing)   |
|  | (Titles for t   |
|  | (Title of person signing)   |