POH000128484

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SECRETARY OF STATE
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• COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	HAGOS	OF ST AUGUSTIN	NE, INC
DOCUMENT NUMBER:			P04000128484	
The enclosed Artic	eles of Amendment a	and fee are submit	ted for filing.	
Please return all co	orrespondence conce	rning this matter to	o the following:	
		CHRISTOPHER Name of Con		
	CHR	ISTOPHER SPR	INGHORN CPA PA	
1	O I II I	Firm/ Co		
601-C POI		01-C PONCE DE	E LEON BLVD S	
		ST AUGUSTIN	NE, FL 32084	
		City/ State an	•	
			ELLSOUTH.NET annual report notification)	
For further informa	ation concerning this	matter, please cal	il:	
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		mount made payal	ole to the Florida Depar	•
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Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Ame Divis Clift 2661	et Address ndment Section sion of Corporations on Building Executive Center Circ hassee, FL 32301	le

Articles of Amendment to Articles of Incorporation of

HAGOS OF ST.AL	JGUSTINE IN	IC	
. (Name of Corporation as currently fi	led with the Florid	la Dept. of State)	•
P040001	28484		_
(Document Number of	Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, Flor amendment(s) to its Articles of Incorporation:	ida Statutes, this F	Iorida Profit Corporati	ion adopts the following
A. If amending name, enter the new name of the co	orporation:		
SUNOCO OF ST A	UGUSTINE I, IN	С	The new
name must be distinguishable and contain the wa abbreviation "Corp.," "Inc.," or Co.," or the design name must contain the word "chartered," "profession	nation "Corp." "In-	c," or "Co". A profes:	sional corporation
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD			O9. SECO
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE BO</u>)X)		FILED JUL 13 AN 9: 45 RETARY OF STATE AHASSEE, FLORIDA
D. If amending the registered agent and/or register new registered agent and/or the new registered		n Florida, enter the na	ime of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street i	address)	
			a
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ınd accept the obligation	ns 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)

Title '	<u>Name</u>	<u>Address</u>	Type of Action
			ПРомочи
welder MANAGER BASE			
	dditional sheets, if necessar	in. (De specific)	
,			
<u>provisi</u>	mendment provides for an ons for implementing the an oot applicable, indicate N/A)	exchange, reclassification, or cancellation or	on of issued shares, dment itself:

The date of each amendmen	t(s) adoption: AUGUST 1, 2009
Effective date if applicable:	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE)</u>
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes east for the amendment(s) ere sufficient for approval.
	ere 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	, w
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	y a director, president of other officer—If directors or officers have not been exted, by an incorporator—if in the hands of a receiver, trustee, or other court
	pointed fiduciary by that fiduciary)
	HAGOS FISSHAYE
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)