P04000137101

(Re	equestor's Name)
(Ac	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bi	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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SECRETARY OF STATE

Anund 10/29/07

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>UNITE</u>	DATA OF CN	TRL FL.
DOCUMENT NUMBER: PO4008	00/3716/	
The enclosed Articles of Amendment and fee an	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Alice Austin	of Contact Person)	
United Data (Fin	of Ctrl. FL. m/Company)	
1414 S Chats	worth Pt (Address)	
Lecanto FL. (City/St		<u>.</u>
For further information concerning this matter,	piease can:	
(Name of Contact Person)	at (333) 370 - (Area Code & Daytime 7	- 8764 Telephone Number)
Enclosed is a check for the following amount m	nade payable to the Florida Depa	artment of State:
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 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 Cir Tallahassee, FL 32301	cle



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2008

ALICE AUSTIN UNITED DATA OF CENTRAL FLORIDA, INC. 1414 S. CHATSWORTH PT. LECANTO, FL 34461

SUBJECT: UNITED DATA OF CENTRAL FLORIDA, INC.

Ref. Number: P04000137161

We have received your document for UNITED DATA OF CENTRAL FLORIDA, INC. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 908A00053218

SECRETARY SOF STATE

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September 30, 2008

ALICE AUSTIN UNITED DATA OF CENTRAL FLORIDA, INC. 1414 S. CHATSWORTH PT LECANTO, FL 34461

SUBJECT: UNITED DATA OF CENTRAL FLORIDA, INC.

Ref. Number: P04000137161

We have received your document for UNITED DATA OF CENTRAL FLORIDA, INC. and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

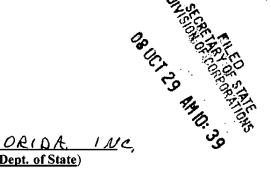
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Letter Number: 508A00052127

Irene Albritton Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of



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

(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:

The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	Inc.," or Co.," or the designa	tion "Corp," "Inc," or
B. <u>Enter new principal office address, if applic</u> (Principal office address <u>MUST BE A STREET</u>	able: 1414 S ADDRESS) Lecanto	Chatsworth to
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	EBOX) 1414 S. Lecanto.	Chatsworth 1 Fh. 34461
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:		la, enter the name of th
New Registered Office Address:	(Florida street address)	
· —	(City)	, Florida (Zip Code)

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
			Add Remove
	<u> </u>		Add Remove
			Add Remove
(anden da	lditional sheets, if necessary). (B	·	
F. Ifan an	nendment provides for an exchan	ge, reclassification, or cancella	ation of issued shares,
(if no	ons for implementing the amendn ot applicable, indicate N/A)	ient ii not contained in the am	<u>enament useu:</u>
			<u> </u>

Th	ne date of each amendment(s) adoption: <u>Oct. 1, 2008</u>
Efi	fective date if applicable: (no more than 90 days after amendment file date)
Ad	doption of Amendment(s) (<u>CHECK ONE</u>)
	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
۵	The amendment(s) was/were approved by the shareholders through voting groups. The following statemed 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"
	by"
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholde action was not required.
À	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated
	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)
	(Typed or printed name of person signing)
	Circetoe (Title of person signing)