

704000150188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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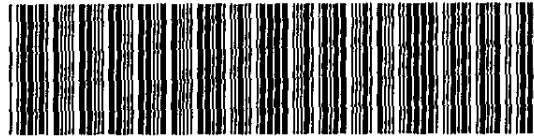
(Business Entity Name)

(Document Number)

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TALAHUE, FLORIDA

2005 OCT 20 09:00

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: POCO MAS, CORP.

DOCUMENT NUMBER: P04000150188

The enclosed *Articles of Amendment* and fee are submitted for

Please return all correspondence concerning this matter to the following:

PETER J. PIKE  
(Name of Contact Person)

MCNEESE LAW FIRM  
(Firm/ Company)

36468 EMERALD COAST PARKWAY, SUITE 1201  
(Address)

DESTIN, FL 32541  
(City/ State/ and Zip Code)

For further information concerning this matter, please

PETER J. PIKE at ( 850 ) 337-4242  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$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

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05 OCT 14 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

POCO MAS, CORP

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

P04000150188

(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):

(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)**

ARTICLE II SHALL BE AMENDED TO READ AS FOLLOWS:

The principal place of business address:

P.O. Box 1741  
Santa Rosa Beach, FL. US 32459

The mailing address of the corporation is:

P.O. Box 1741  
Santa Rosa Beach, FL US 32459

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TALLAHASSEE, FLORIDA

(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)

(continued)

The date of each amendment(s) adoption: September 29, 2005

Effective date if applicable: \_\_\_\_\_  
(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):*

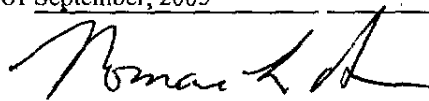
"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_"  
(voting group)

☐ 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 29th day of September, 2005

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)

NORMAN L. RICCI

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)

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FILING FEE: \$35