# P04000 108043

(Requestor's Name)
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. PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Matthew Owen 1 Auth. Adding COLP. and manner of Adoptin
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend CC Mamechs 11/15/09

# **COVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TI COLVERS FOR E EQUITY  DOCUMENT NUMBER: POYOO 168 043
000000000000000000000000000000000000000
DOCUMENT NUMBER: PO 9000 160 095
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MATTHEW OUCH
Name of Contact Person
Firm/ Company
3100 NE 49 ST Suite 909
FT CAUDEN DATE FC 73308  City/ State and Zip Code  Mow ew 44 @ Hot Mail. (om  E-mail address: (to be used for future annual report notification)
F-mail address: (to be used for future annual report notification)
2 man address; (to be asset for range assets;
For further information concerning this matter, please call:
MATT OWEN at (305) 799 3883
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee \&\Certificate of Status \\ Certificate of Status \\ (Additional copy is enclosed) \Bigcup \\$52.50 Filing Fee \\ Certificate of Status \\ Certified Copy \\ (Additional Copy is enclosed)
Mailing Address Street Address
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 6, 2009

MATTHEW W. OWEN 140 NE 28TH AVE - APT. 106 POMPANO BEACH, FL 33062

SUBJECT: CORNERSTONE EQUITY FINANCIAL CORP.

Ref. Number: P04000168043

We have received your document for CORNERSTONE EQUITY FINANCIAL CORP. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption of each amendment must be included in the document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P94000064731 - THE CORNERSTONE GROUP, INC..

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: 809A00026964

# **Articles of Amendment**

to

Articles	of	Incorpor	ration
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ρδ	40010	of 043	,	
(Document Num	ber of Corporation	on (if known)		
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statute	es, this <i>Florida</i>	Profit Corporation ad	opts the following
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "programme must contain the word "chartered,"	y LAN the word "corpo designation "Co fessional associa	oration," "comporp," "Inc," or	"Co". A professional breviation "P.A."	ted" or the corporation
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	<u>licable:</u> TADDRESS )	7/00	79 3 1 31	il-1969 FL 3370
<ul> <li>C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)</li> <li>D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered.</li> </ul>	CE BOX) registered office		ida, enter the name of	-4.0
Name of New Registered Agent:				O9 N
New Registered Office Address:	(Florid	da street address	•	SECRETARY OF STATE SECRETARY OF FLORIE OD NOV 12 PH 12: 4
	(City)		, Florida (Zip Code)	DATE OR IDA
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	gent. I am famil	gent: liar with and acc The W.	cept the obligations of t	he position.
<u></u>	Signature of New		nt, 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
			Add Remove
	nding or adding additional Articles, e additional sheets, if necessary). (Be		
provis	amendment provides for an exchange sions for implementing the amendme not applicable, indicate N/A)		

The date of each amendment(	s) adoption: (date of adoption is required)
	(date of adoption is required)
Effective date <u>if 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.
	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)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
Dated	Nov1, 7009
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)
	MATTHEW OWEW  (Typed or printed name of person signing)
	(Title of person signing)