P05000094397

Office Use Only



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12/28/09--01036--021 **35.00



box Ason



January 4, 2010

JAMES DEBERNARDI 10220 NORWICK STREET SPRING HILL, FL 34608

SUBJECT: JAMES DEBERNARDI PA

Ref. Number: P05000094397

We have received your document for JAMES DEBERNARDI PA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) Your document is missing the first page. Please find a new set of articles enclosed..

Your document is missing the first page. Please find a new set of articles enclosed.

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) 245-6916.

Letter Number: 910A00000023

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

'TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: <u>JAMES</u>	DEBERNARDI PA	<u> </u>		
DOCUMENT NUMBER: Po500	009437			
The enclosed Articles of Amendment and fee a	re submitted for filing.			
Please return all correspondence concerning thi	s matter to the following:			
JAMES H. DEB	ERNANDI			
N	ame of Contact Person			
JAMES DEBERNANDI PA				
	Firm/ Company	***************************************		
10220 Norwick Street Address				
	Address			
Spains Hill F1 34608 City/ State and Zip Code				
downstreamlivin	19@ 9 mai !- COM Vior future annual report notification)			
E-mail address: (to be use	Vior future annual report notification)			
For further information concerning this matter,	please call:			
JAMES DE BERNANDI Name of Contact Person	at (<u>423</u>) <u>333 -</u> Area Code & Daytime Tel			
Enclosed is a check for the following amount m	nade payable to the Florida Depar	tment of State:		
\$35 Filing Fee Secretificate 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	Street Address			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
Tallahassee FI 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

, Ai	of	ли.	
JAMES DEBERNA	RDI PA		
(Name of Corporation as curren		la Dept. of State)	
105000094397			
(Document Numb	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F	<i>lorida Profit Corporation</i> ad	opts the following
A. If amending name, enter the new name of t	he corporation:		
Downstream Living name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dname must contain the word "chartered," "profe.	e word "corporation," lesignation "Corp," "Inc	c," or "Co". A professional	The new ted" or the corporation
B. Enter new principal office address, if application (Principal office address) MUST BE A STREET			_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		TALLAHASSEE FLE
D. If amending the registered agent and/or reg new registered agent and/or the new register		n Florida, enter the name of	亚
Name of New Registered Agent:	1.00		
<u>New Registered Office Address</u> :	(Florida street d	address)	
	(City)	, Florida, Florida	
New Registered Agent's Signature, if changing	Registered Agent:		_
I hereby accept the appointment as registered age	ent. I am familiar with a	and accept the obligations of th	ne position.
Sig	nature of New Registere	d 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	Name	Address	Type of Action
Præsident	Margaret DeBernaroi	10220 NORWEK St Spring Hill , Fl 34608	_ ☐ Add ☐ Remove
			Add Remove
			Add Remove
(attach addit. ARTICIE	or adding additional Articles, enter clional sheets, if necessary). (Be specific I, Amena Name of corporation). Inc.	RATION to Down + t.	
ARTICIE	1. Amend address fr	nom current listed	to NEW
	SI of: 10220 Nonwich		
34608			·
AntiCLE	4 Add 4.0 to of	PERATE OS A FORE	ig N
	ation in the state of		
provisions	dment provides for an exchange, recla for implementing the amendment if no applicable, indicate N/A)		
			·- ,

The date of each amendment(s) adoption: <u>Dec</u>	23, 2009
Effective date <u>if applicable</u> :	Dec 23	late of adoption is required)
i i i i i i i i i i i i i i i i i i i	(no more than 90 day	ys after amendment file date)
Adoption of Amendment(s)	(CHECK	K ONE)
The amendment(s) was/wer by the shareholders was/we		reholders. The number of votes cast for the amendment(s) oval.
		areholders through voting groups. The following statemer up entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendmer	nt(s) was/were sufficient for approval
by	(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
action was not required.		rd of directors without shareholder action and shareholder or shareholder action and shareholder or porators without shareholder action and shareholder
(By selec	cted, by an incorporate binted fiduciary by the	or other officer – if directors or officers have not been tor – if in the hands of a receiver, trustee, or other court
	(Typed o	or printed name of person signing)
	Pazsia (Title of pers	Hent
	(Title of pers	son signing)