P0500096680

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11 /3/09

Division of Corporations				
NAME OF CORPORATION: REPTIC NC.				
DOCUMENT NUMBER:POS0009 6680				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Name of Contact Person				
ABACUS BUSINESS TAXSUC'S				
105 7THAVE NE				
RUSKIN FL 33576 Citý/State and Zip Code				
M / A				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Name of Contact Person Name of Contact Person Name of Contact Person 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 \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Calculate of Status}\$\$ Certificate of Status \$\ \text{Calculate of Status}\$\$ (Additional copy is enclosed) \$\ \text{Certified Copy}\$\$ (Additional Copy is enclosed)				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

(Name of Corporation as currently	rof Corporation (if known)	FILED 2009 NOVO PM 4: 07 ORSON TARY OF STATE ALLAHASSEE FLORIDA
Pursuant to the provisions of section 607.1006, F amendment(s) to its Articles of Incorporation:	, , ,	Profit Corporation adopts the following
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the des name must contain the word "chartered," "profess	word "corporation," "comp signation "Corp," "Inc," or " sional association," or the abb	'Co". A professional corporation
 B. Enter new principal office address, if application (Principal office address MUST BE A STREET A) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) 	<u>ADDRESS</u>)	
D. If amending the registered agent and/or reginew registered agent and/or the new registered. Name of New Registered Agent:		ida, enter the name of the
New Registered Office Address:	(Florida street address	, Florida
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent		(Zip Code)

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
PD .	Phyllis L Driggers	•	
PD	RockyVDRIOGERS	1925 14 TQVESE RUSKIN, FL 33570	Add Remove
ND.	Dennis L. DerGGERS	30102772 QUE	Add Remove
	g or adding additional Articles, enter clitional sheets, if necessary). (Be specific		
NH	7		
<u></u>			
F. If an ame	ndment provides for an exchange, recla	ssification, or cancellation of is	ued shares,
	s for implementing the amendment if no applicable, indicate N/A)	ot contained in the amendment	itseii:
Sha	res will be di	vieded as to	>110ws'.
Phill	is 1 Dringers	50 Shares	
73	mis & Dingger	50 Shares	 e<
	ines D. Figur	A- 10 Sho	ces .
		, . , o <u>u</u> v (e	
			

The date of each amendment(s) adoption:
Effective date if applicable: (date of adoption is required)
(no more than 90 days after amendment file date)
•
Adoption of Amendment(s) (CHECK ONE)
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.
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.
Dated Nov. 4, 2009
Signature Shulles H. Diggles
(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)
tresident
(Title of person signing)