

P05000124932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

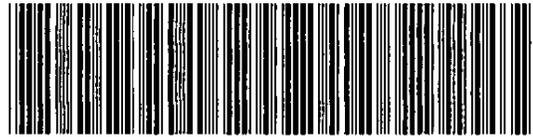
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300156717353

06/15/09--01044--015 **43.75

SECRETARY OF STATE
FALL APPOINTMENT, FLORIDA

09 JUN 19 PM 3:41

FILED

Amendment
06-19-09
Dc



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2009

ROBERT MAKRIS
PETER MAKRIS CPA
2110 DREW STREET
CLEARWATER, FL 33765

SUBJECT: DELPHI CONSULTANTS, INC.
Ref. Number: P05000124932

We have received your document for DELPHI CONSULTANTS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$43.75.

The fee to file articles of amendment is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 709A00017212

COVER LETTER

TO: Amendment Section
Division of Corporations

RECEIVED
2009 MAY 14 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: DELPHI CONSULTANTS, INC.

DOCUMENT NUMBER: PO5000124932

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

Please return all correspondence concerning this matter to the following:

PETER MAKRIS

Name of Contact Person

PETER MAKRIS CPA

Firm/ Company

2110 DREW STREET

Address

CLEARWATER, FL 33765

City/ State and Zip Code

PETERMAKRISCPA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER MAKRIS CPA

Name of Contact Person

at (727)

446-0000

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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 Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

DELPHI CONSULTANTS, INC.

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

PO5000124932

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

FILED
09 JUN 19 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

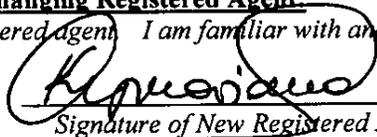
Name of New Registered Agent: KIRIAKI KOYMARIANOS

New Registered Office Address: 1714 ARABIAN LANE
(Florida street address)

PALM HARBOR, Florida 34685
(City) (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.


05/12/09
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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>EVANGELOS KOYMARIANOS</u>	<u>1714 ARABIAN LANE</u> <u>PALM HARBOR, FL 34685</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>V</u>	<u>KIRIAKI KOYMARIANOS</u>	<u>1714 ARBIAN LANE</u> <u>PALM HARBOR, FL 34685</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>MARIA GIANNOULIS</u>	<u>1714 ARABIAN LANE</u> <u>PALM HARBOR, FL 34685</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an 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)

The date of each amendment(s) adoption: 05/07/2009

Effective date if applicable: _____
(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 05/12/2009

Signature M. Giannoulis

(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)

MARIA GIANNOULIS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)