P06000005844

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otty/State/Zip/Fittorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status * .: •
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Special Instructions to Filing Officer:
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 28, 2009

EUSTACE KIGONGO, JR. 5627 14TH ST. WEST STE D BRADENTON, FL 34207

SUBJECT: METHOD INDUSTRIES, INC.

Ref. Number: P06000005844

We have received your document for METHOD INDUSTRIES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file your document, the subject entity must first be reinstated.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 909A00031539

COVER LETTER

. **TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	ΓΙΟΝ:	METHOD INDUSTRIES	INC
DOCUMENT NUMBER	₹:	P06000005844	
The enclosed Articles of	Amendment and fee ar	re submitted for filing.	
Please return all correspon	ndence concerning this	s matter to the following:	
		TACE KIGONGO JR	
	Na	ame of Contact Person	
	FREE	DOM ACCOUNTING	
		Firm/ Company	
	5627 14TH	STREET WEST SUITE D	
		Address	
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		DENTON FL 34207	
	Cit	ty/ State and Zip Code	
	KEN.KIGON E-mail address: (to be used	GO@VERIZON.NET for future annual report notification)	
For further information co	oncerning this matter, p	please call:	
EUSTACE R	(IGONGO JR		27-9004
Name of Cont	act Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for th	e following amount ma	ade payable to the Florida Depart	tment of State:
	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 Corpo P.O. Box 6327 Tallahassee, FL 32	rations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl	e
		Tallahassee, FL 32301	·

Articles of Amendment to Articles of Incorporation of

METHOD INDUSTRIES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)	
P06000005844	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> mendment(s) to its Articles of Incorporation: A. <u>If amending name, enter the new name of the corporation:</u>	n adopts the following
LONGBOARD BOAT COMPANY	The new
ame must be distinguishable and contain the word "corporation," "company," or "incorpobreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A profession ame 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)	09 OCT 29 PM 4: 20
D. If amending the registered agent and/or registered office address in Florida,	enter the name of the

Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
_		, Florida
	(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.

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>	Type of Action
			Add Remove
			☐ Add ☐ Remove
			Add Remove
	ding or adding additional Aradditional Sheets, if necessary).		
provisi	mendment provides for an exons for implementing the amount applicable, indicate N/A)	change, reclassification, or cancella endment if not contained in the amo	tion of issued shares. endment itself:
<u></u>			

The date of each amendmen	t(s) adoption; <u>09/22/09</u>
Effective date if applicable:	(date of adoption is required) 09/22/09
,	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement end 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated 09/2	Class of the
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)
	Andrew J Mason
	(Typed or printed name of person signing)
	President
	(Title of person signing)