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N.C. C.COULLIETTE

SEP 15 2009

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Co	orporations	-	•		
NAME OF CORP	· ORATION:	Van	perashaa	I,	vc.
DOCUMENT NU	MBER:	POL	0000210	,	
The enclosed Artic	les of Amendme	ent and fee are s	ubmitted for filing.		
Please return all co	rrespondence co	ncerning this m	atter to the following:		
-	De		Slathers of Contact Person	7	
-		F	irm/ Company		
1320 Hendrix Road Unit 704					
	Tall	ahasa City/	EE FL 36 State and Zip Code	2301	
	E-mail addi	 .	Seyahoo.		
For further informa	ation concerning	1		277~	2362
Name	of Contact Person	ners	at (850) (Area Code & Da	ytime Telep	phone Number
Enclosed is a check	for the following	ng amount made	payable to the Florid	a Departn	nent of State:
\$35 Filing Fee	\$43.75 Filin Certificate of		\$43.75 Filing Fee & Certified Copy (Additional copy is en		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 67 Tallahassee	t Section Corporations 327		Street Address Amendment Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle	

Articles of Amendment

to

Articles of Incorporation

At ticles of	Incorporation		
Vanerashad	of		
		NA A N	
(Name of Corporation as currently filed w		<u>state</u>)	
		· · · · · · · · · · · · · · · · · · ·	
(Document Number of Corp	oration (if known)		
Pursuant to the provisions of section 607.1006, Florida S amendment(s) to its Articles of Incorporation:	tatutes, this <i>Florida Profi</i>	it Corporation adopts the fo	llowing
A. If amending name, enter the new name of the corpor lead of the corpor lead of the corpor lead of the corpor leads of the le	om INC. corporation," "company, "Corp," "Inc," or "Co"	'. A professional corporation	ie
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRES	<u>~</u>		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered of	ffice address in Florida, e	SECRUTARY PALLA HASS PRINTER THE Name Of the Part of t	7
new registered agent and/or the new registered office		PH 12: 2	5 s f
Name of New Registered Agent:		2: 27 STATE ORIDA	
New Registered Office Address: (1	Florida street address)		
		, Florida	
(6	City) (Zip Code)	
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am			L
Signature of	New Registerea Agent. It c	เกนกรเศร	

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
		<u></u>	Add Remove
			— —
E. <u>If amen</u>	ding or adding additional Articles, entenditional sheets, if necessary). (Be spe	er change(s) here:	
(шисл а	inational sheets, if necessary, (be spe		
<u></u>			···
provisi	mendment provides for an exchange, some for implementing the amendment mot applicable, indicate N/A)	eclassification, or cancell if not contained in the an	iation of issued shares, nendment itself:
			1, <u>6, 11, 21, 11, 11, 11, 11, 11, 11, 11, 11</u>
		•	

The date of each amendment	(s) adoption:	4	115100	(
	·	(date of adop	otion is require	d)	•
Effective date <u>if applicable</u> :	(no more than	90 days after am	endment file d	ate)	
Adoption of Amendment(s)	(<u>C</u>)	HECK ONE)			
The amendment(s) was/weby the shareholders was/weby			The number of	votes cast for the	amendment(s)
The amendment(s) was/we must be separately provide					
"The number of votes	cast for the ame	endment(s) was/w	ere sufficient	for approval	
by		<u> </u>			
	(voting group)				
The amendment(s) was/we action was not required.	re adopted by th	e board of direct	ors without sh	areholder action an	d shareholder
The amendment(s) was/we action was not required.	re adopted by th	ne incorporators v	without shareho	older action and sh	areholder
Dated	9/15	.109			
Signature	Ile	neck y	3lat	hero	
sele	ected, by an inco	ident or other off orporator – if in to by that fiduciary	he hands of a r	ors or officers have eceiver, trustee, or	e not been other court
	De	errick	Blo	athers	
	(T	yped or printed r	name of person	signing)	-
		Presid	lent		_
	(Title	of person signing	g)		