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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)205-0380

From:

Account Name : SMALL BUSINESS RESOURCES USA, INC.  
Account Number : I20040000173  
Phone : (407)298-4646  
Fax Number : (407)297-0588

**COR AMND/RESTATE/CORRECT OR O/D RESIGN**

**IMAGE BUILDERS ONLINE INC.**

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SEP 06 2005

*Amel*

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Image Builders Online Inc.

DOCUMENT NUMBER: P06000024585

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

Please return all correspondence concerning this matter to the following:

James K. Duerr, CPA

(Name of Contact Person)

773 S. Kirkman Rd., Ste. 118

(Firm/ Company)

(Address)

Orlando, FL 32811

(City/ State and Zip Code)

For further information concerning this matter, please call:

James K. Duerr, CPA

(Name of Contact Person)

at ( 407 ) 298-4646

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &  
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☐ \$43.75 Filing Fee &  
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☐ \$52.50 Filing Fee  
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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

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06 SEP -5 PM 2:  
SECRETARY OF STATE  
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Articles of Amendment  
to  
Articles of Incorporation  
of

Image Builders Online Inc.

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

P06000024585

(Document number of corporation (if known))

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Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Article I: Please change the principal place of business to :

8001 S. Orange Blossom Trail, Orlando, FL 32809

Change mailing address to: P.O. Box 593327 Orlando, FL 32859

Article V: Change registered agent to: Small Business Resources USA, Inc.

773 S. Kirkman Rd., Ste. 118 Orlando FL 32811

Registered agent signature: James K. Duerr, CPA

*James K. Duerr, CPA*

Article VII: Change the address for Christopher McMillan to:

P.O. Box 593327, Orlando FL 32859

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

The date of each amendment(s) adoption: September 5, 2006

Effective date if applicable: Immediately  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

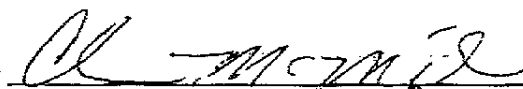
☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"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.

Signature



(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)

Christopher McMillan

(Typed or printed name of person signing)

President

(Title of person signing)

**FILING FEE: \$35**