08220100

. (Б	Requestor's Name)	
(A	address)	
4)	Address)	
(C	City/State/Zip/Phone #)	
PłCK-UP	WAIT	MAIL
(E	Business Entity Name)	
· (C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
		,

Office Use Only



500142877135

02/05/09--01016--001 **35.00



COVER LETTER

TO: Amendment Section **Division of Corporations**

NAME OF CORPORATION:	
DOCUMENT NUMBER: POGOO	0046680
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matter	r to the following:
Leun Gigue (Name of Contac	et Person)
Gigue & Ti	pany) Inc.
5408 Patric (Address	ia Place
Spring Hill (City/ State and 2)	1 C 34 60)
For further information concerning this matter, please	call:
(Name of Contact Person) at	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount made pay	yable to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amendment Section An Division of Corporations Di P.O. Box 6327 Cl	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2009

KEVIN GIGUERE 5408 PATRICIA PL SPRING HILL, FL 34607

SUBJECT: GIGUERE TRAVEL, INC.

Ref. Number: P06000046680

We have received your document for GIGUERE TRAVEL, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

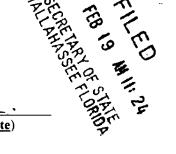
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 609A00004713

Articles of Amendment to Articles of Incorporation



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

DOLDOOHLLED

(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, "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc,' "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) 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: New Registered Office Address: (Florida street address) Florida (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
Draice Secri	lent Kein C	oiguere uner	5408 Week;	Potricici Har Wrichies C34607	&□ Add □ Remove
	Che-yl	Snyder	5408 J	Lache A.	Add Remove
					Add Remove
	nding or adding additiona additional sheets, if necessa				
			,		
provi	amendment provides for a sions for implementing the fnot applicable, indicate N	e amendment if no			
_ Ch	eryl Snyd	liv gif	12 all	shaves	40
lle	in Ciquer	ed is	no 1	onch o	
	archolder			<i>0</i>	
_ Ke	un Giquer	re is	1000/0	Shaveh	1010lu
D	f this con	ρ.			

The date of each amendment(s) adoption: 128 09
Effective date if applicable: 1/22/09
(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 statemer 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 1 28 109
Signature Thru To
(By a director, president or other office; - 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)
appointed inductary by that inductary)
Kein Giquer
(Typed or printed name of person signing)
Dresillent