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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECKE LARY OF STATE
TALLAHASSEE. FLORIDA



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	PORATION: CT 1	nages on T	re GOINC.
DOCUMENT NU	јмвек: <u>7060<i>00</i>0</u>	68391	
The enclosed Arti	cles of Amendment and fee are	submitted for filing.	
Please return all co	orrespondence concerning this i	natter to the following:	
E	ELIE M POlissH	int	
	(Name of	Contact Person)	
•			
<u></u>	(Firm/	Company)	
3	630 Williams	<i></i>	
	(A	ddress)	
Je	We Park FL3	3403	
<u> </u>	(City/ State	and Zip Code)	
	ation concerning this matter, pl		
ELIE	n POlissaint e of Contact Person)	at (<u>581</u>) <u>282</u> (Area Code & Daytim	- 7672 e Telephone Number)
	k for the following amount:		
□\$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)
P.O. Box 6	nt Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2007

ELIE M. POLISSINT 3630 WILLIAM STREET LAKE PARK, FL 33403

SUBJECT: CT IMAGES ON THE GO INC.

Ref. Number: P06000068391

We have received your document for CT IMAGES ON THE GO INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The date of adoption of each amendment must be included in the document.

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) 245-6908.

Sylvia Gilbert Document Specialist

Letter Number: 507A00018398

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Articles of Amendment to Articles of Incorporation

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Sea.			,	17:	37

		Articles of theo of	-	SECRETAR PM 12:
	CT Image (Name of corporation		hy Go In I with the Florida Dept. o	CALLAHARY OF STAT
	POLOT	000 683	91	
	(Docur	nent number of cor	poration (if known)	
	e provisions of section 6 lowing amendment(s) to	•	·	la Profit Corporation
NEW CORP	ORATE NAME (if cha	nging):		
(Must contain the	E word "corporation," "compactorporation must contain the v	ny," or "incorporat	ed" or the abbreviation "o	Corp.," "Inc.," or "Co.") or the abbreviation "P.A.")
	NTS ADOPTED- (OTH Title(s) being amended,			cate Article Number(s)
Amos	Nombre	DM	Peleted	
Kethly	Polissaint	٧P	Peloted Deleted	
J				
		· · · · · ·		
· - -				
		· · · · · · · · · · · · · · · · · · ·		
	(At	tach additional page	es if necessary)	
				issued shares, provisions (if not applicable, indicate N/A)
<u> </u>			<u>, ' , , , , , , , , , , , , , , , , , ,</u>	
	· 1	VIA		
<u> </u>		1		

(continued)

The date of each amendment(s) adoption: $03 08 07$
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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 Adirector, 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)
(Typed or printed name of person signing)
Title of person signing)
(Title of person signing)

FILING FEE: \$35