	•	
(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
		:

Office Use Only



900138524899

12/08/08--01053--022 **35.00

COVER LETTER

TO: Amendment Section **Division of Corporations**

Tallahassee, FL 32314

NAME OF CORPORATION: LONAL	'N BESS 1	Homa	REPAIR INC
DOCUMENT NUMBER: P0600	0087196		
The enclosed Articles of Amendment and fe	e are submitted for filir	ng.	
Please return all correspondence concerning	this matter to the follow	wing:	
RONALD B	## The of Contact Person)		
RONALD BESS	S Home (Firm/ Company)	REPAI	RIK
P.O. BOX 3	7532 (Address)		
JACKSONUI //E	FL. 3	12236	,
For further information concerning this matter	er, please call:		
ROUALD BESS (Name of Contact Person)	at (<u>904</u> (Area Cod) <u> </u>	-3322 Telephone Number)
Enclosed is a check for the following amoun	t made payable to the F	lorida Depa	ertment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing F Certified Copy (Additional copenclosed)	•	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Se Division of Cor Clifton Buildin 2661 Executive	ection rporations	cle

Tallahassee, FL 32301



December 12, 2008

RONALD BESS RONALD BESS HOME REPAIR INC POST OFFICE BOX 37532 JACKSONVILLE, FL 32236

SUBJECT: RONALD BESS HOME REPAIR INC.

Ref. Number: P06000087196

We have received your document for RONALD BESS HOME REPAIR INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

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 Regulatory Specialist II

Letter Number: 308A00060168

Articles of Amend	ment FILED
to	2000
Articles of Incorpor	ration Country of the control of the
of	INSECRET AM O.
RONAID BESS Homa le	ration 2008 DEC 18 AM 9: 2 EPAIR INCAHASSEE, FLORIDA
(Name of Corporation as currently filed with the	he Florida Dept. of State
P06000087196	-4
(Document Number of Corporation	on (if known)
Pursuant to the provisions of section 607.1006, Florida Statute following amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the corporation	<u>ı:</u>
/2	_
\mathcal{N}/\mathcal{A}	
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	" or the designation "Corp," "Inc," or
B. Enter new principal office address, if applicable:	/ _
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	- 1/A
	/ /
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	RONAID BESS
(Mutting dualess MITT BETTT OST OTT 102 BOTT)	
	P.O. BOX 37532
	JACKSONVILLE FI 32236
D. 16	- JJ in Filmida andan tha nama of the
D. If amending the registered agent and/or registered office and new registered agent and/or the new registered office add	
Name of New Registered Agent:	
	- / A
	
<u>New Registered Office Address:</u> (Florid	da/street address)
,	, Florida
	(City) (Zip Code)
	(Lip comy
New Registered Agent's Signature, if changing Registered Agented Agent	
I hereby accept the appointment as registered agent. I am f	amiliar with and accept the obligations of the
position.	/ ^
	\mathcal{U}/\mathcal{H}
Signature of New I	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>	Address	Type of Action
V. P.	THOMAS S. BESS	9765 SOUTHBROOK	Add Remove
		JACKSONVILLE, FI	_
			_
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be speci		
<u> </u>	MANDY XIAN - REX	ETX PROJEMENT	
	HANDY XIAU - PEX	LODE/106	
-	10		
	CARPENTRY		
provisi	mendment provides for an exchange, recons for implementing the amendment if not applicable, indicate N/A)		
	CHAUGE FROM 1	SHARE	
	70		
	100 SHARES		
	POE	SIDENT TO HAVE	90 5 HARES
	VICE PR	ESIDENT TO HAVE	NE 10 SHARES
	D	2 2 2 2	

The date of each amendment(s) adoption: 12-2-2008
Effective date if applicable: 12-2-2008
(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 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)
(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 $12-2-2008$ 0 0 0 0
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)
COUNT RESS ROUNTS RESS (Typed or printed name of person signing)
PRESIDENT (Title of person signing)