# 106000087896

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2010

KATHERINE L. NARANJO SUNCOASTER, INC. 12549 81ST AVE SEMINOLE, FL 33776

SUBJECT: VOYAGER SUPPLY, INC.

Ref. Number: P06000087896

We have received your document for VOYAGER SUPPLY, 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):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 210A00005666

#### **COVER LETTER**

T'O: Amendment Section
Division of Corporations

NAME OF CORP	ORATION:	Voyager Supply, Inc.	
DOCUMENT NU	MBER:	P06000087896	
The enclosed Articl	es of Amendment and fee a	are submitted for filing.	
Please return all cor	respondence concerning th	is matter to the following:	
•		atherine L. Naranjo	
	IN	name of Contact Person	
-		Suncoaster, Inc Firm/ Company	
		гини сопірану	
_	12549 81st Ave		
		Address	
	Se	eminole, FL 33776	
		ity/ State and Zip Code	
	naranio@	⊉tampabay.rr.com	
	E-mail address: (to be use	d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
Kath	erine L. Naranjo	at ( 727 ) 38	36-9235
	of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depart	ment of State:
□ \$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)
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	e

Tallahassee, FL 32301

### Articles of Amendment Articles of Incorporation of

•	<b>Articles of Amendment</b>	
	to	- 1 m
•	Articles of Incorporation of	n 10 MAR 15 AM 8:40
Voyag	or Cupply Inc	MAR 15
(Name of Corporation as curr	er Supply, Inc.	a Dent of State)
(		Sept. of State
	6000087896  mber of Corporation (if know	a Dept. of State)  AM 8: 40  AM 8: 40  Wn)
·	•	
rsuant to the provisions of section 607.100 tendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flo	lorida Profit Corporation adopts the following
If amending name, enter the new name o	f the corporation:	
Sui	ncoaster, Inc.	The new
previation "Corp.," "Inc.," or Co.," or the ne must contain the word "chartered," "problem the most contain the word "chartered," "problem the new principal office address, if applicable of the new mailing address, if applicable (Mailing address MAY BE A POST OFFI	ofessional association," or toplicable: ET ADDRESS )	the abbreviation "P.A."
If amending the registered agent and/or new registered agent and/or the new regi		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street ad	ddress)
		, Florida (Zip Code)
	(City)	(Zip Code)
w Registered Agent's Signature, if changi	ng Registered Agent:	
ereby accept the appointment as registered a		nd accept the obligations of the position.
	Signature of New Registered	d Agant 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>	Name	<u>Address</u>	Type of Action
			☐ Add ☐ Remove
			□ n
(attach d	iding or adding additional Articles, endditional sheets, if necessary). (Be s	pecific)	
provis	mendment provides for an exchange, ions for implementing the amendmen not applicable, indicate N/A)		

, i •	(date of adoption is required)		
Effective date if applicable:	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement of 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)		
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder		
action was not required.			
Dated_03/0	1/2010		
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)		
	Katherine L. Naranjo		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		