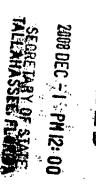
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P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: (Firm/ Company) (City/ State and Zip Code) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ■\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address Street Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment

to Articles of Incorporation



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

(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:

こ かじいらいか ハツ	Muapment ?	solutions
new name must be distinguishable	and contain he word "corporat	ion," "company," o
orporated" or the abbreviation "Corp.		
". A professional corporation na ciation," or the abbreviation "P.A."	me must contain the word "chai	terea, projessiona
ciation, or the above viation 1.A.		•
Enter new principal office address, if a		
icipal office address <u>MUST BE A STRI</u>	<u>EET ADDRESS</u>)	
Enter new mailing address, if applicab Mailing address <u>MAY BE A POST OF</u>		
Juning address MAT BE AT OST OF	TEL BOX)	
		a, enter the name of the
		a, enter the name of the
		a, enter the name of the
new registered agent and/or the new re		a, enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	gistered office address:	n, enter the name of the
If amending the registered agent and/o new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address:		a, enter the name of the
new registered agent and/or the new re Name of New Registered Agent:	gistered office address:	, Florida
new registered agent and/or the new re Name of New Registered Agent:	gistered office address:	
Name of New Registered Agent:	gistered office address: (Florida street address) (City)	, Florida

Signature of New Registered Agent, if changing

The date of each amendment(s) add	option: 11-27-05
Effective date if applicable:	•
(no m	ore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adop by the shareholders was/were suff	sted by the shareholders. The number of votes cast for the amendment(s) ricient for approval.
	oved by the shareholders through voting groups. The following statement ach 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	g group)
The amendment(s) was/were adopt action was not required.	sted by the board of directors without shareholder action and shareholder
The amendment(s) was/were adopt action was not required.	sted by the incorporators without shareholder action and shareholder
Dated	1/25/08
	an incorporator if in the hands of a receiver, trustee, or other court
appointed	fiducia, by that fiduciary)
_	Maria Discontina
	(Typed or printed name of person signing)
	an wer
	(Title of person signing)