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MUREJARY OF STATE
AND AHASSEE, FLORIDA

mr, 10/2/er

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: <u>FE(</u>	CON, Inc.
DOCUMENT NUMBER: P07000	047488
The enclosed Articles of Amendment	and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the following:
	Paul Emidy
•	(Name of Contact Person)
**************************************	EECON, Inc.
	(Firm/ Company)
90	001 Highland Woods Blvd. #7
	(Address)
	Bonita Springs, FL 34135
	(City/ State and Zip Code)
For further information concerning the	s matter, please call:
Paul Emidy	at (239) 495-1900
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following	amount made payable to the Florida Department of State:
✓\$35 Filing Fee — \$43.75 Filing For Certificate of S	
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

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	EECON, Inc.			
(Name of Corporation as cur	rrently filed with th	e Florida Dept. of Sta	ate)	
P(07000047488			
	umber of Corporatio	n (if known)		
Pursuant to the provisions of section 607.10 following amendment(s) to its Articles of Inc.	006, Florida Statute orporation:	s, this <i>Florida Profit</i>	Corporation ado	pts the
A. If amending name, enter the new name	of the corporation:			
N/A				
The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	," "Inc.," or Co.,'	or the designation '	"Corp," "Inc," of	r
B. Enter new principal office address, if ap (Principal office address <u>MUST BE A STRE</u>			<u> </u>	
	· -		HASS	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OFF			Y OF S	i i
	_		TATE ORIGE	3
D. If amending the registered agent and/or new registered agent and/or the new re			ter the name of t	<u>ne</u>
Name of New Registered Agent:			_	
New Registered Office Address:	(Florida	i street address)	_	
			_, Florida	_
		(City)	(Zip Code)	
New Registered Agent's Signature, if change thereby accept the appointment as register position.			ot the obligations	of the
_	Signature of New R	egistered Agent, if cha	nging	

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
<u>VP</u>	Christopher Eichhorn	398 Ashbury Way Naples, FL 34110	Add Aemove
			Add Remove
	ling or adding additional Articles, endictional sheets, if necessary). (Be sp		
provisi	nendment provides for an exchange, ons for implementing the amendmen of applicable, indicate N/A)		
N/A			
		D 0 00	 _

The date of each amendment(s) adoption: 9/23/08
Effective date if applicable: 9/23/08
(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)
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 9/23/08
Signature
selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Paul Emidy (Typed or printed name of person signing)
President (Title of person signing)
(i ide of betsoil signing)