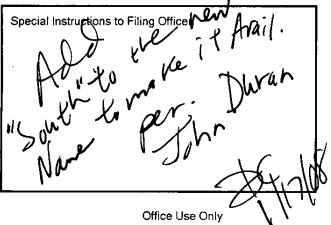
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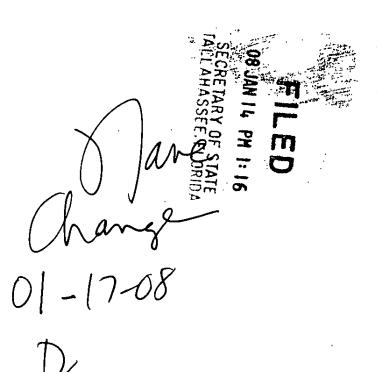
(Reques	stor's Name)	
(Addres	s)	*·
(Addres	s)	
(City/Sta	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ss Entity Nam	e)
(Docum	ent Number)	
Certified Copies	Certificates	of Status
Special Instru p tions to Filing	Office	Mail





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COVER LETTER

TO: Amendment Section Division of Corporation	ns		•			
NAME OF CORPORATI	ON: LORA	IERSTONE JO	a NITOPIAL	Services INC.		
DOCUMENT NUMBER:	P 0700	005674	2			
The enclosed Articles of Art	nendment and fee a	are submitted for	r filing.	•		
Please return all correspond	ence concerning th	is matter to the	following:			
	JOHN	A. DURAN				
	(Name	of Contact Person)	1			
	CORNERS	DINE Proper	by Service	es of Florida Inc		
	(F1	rm/ Company)	•			
•	13002	SW 120 (Address)	smeet			
		(Address)				
	•					
		, FLA 33				
	(City/ S	State and Zip Code))			
For further information con	cerning this matter,	please call:				
	_					
Toun A- Overn at (786) 234-041 (Name of Contact Person) (Area Code & Daytime Telepho		ma Talanhona Number)				
(Name of Contac	it reison)	(Ale	a Code & Dayn	me receptione (value)		
Enclosed is a check for the	following amount:					
	.75 Filing Fee & tificate of Status	□ \$43.75 Fi Certified (Addition enclosed	Copy nal copy is	□ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Ad				
Amendment Section			Amendment Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327		Clifton Building				
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

		CORNERSIONE	JANITOZIAL	Seavices	Twe.
	(Name of cor	poration as currently fi	iled with the Florida	Dept. of State)	
		P 070000S	6742		
	(Document number of		/n)	~
Pursuant to the provadopts the following				Florida Profit	Corporation
NEW CORPORAT	TE NAME (i	f changing):			
CORNERSTO (Must contain the word	ME Prope	RTY SERVICES	of South	Florida In	ic.
(Must contain the word (A professional corporat	"corporation," " ion must contai	company," or "incorpo n the word "chartered"	orated" or the abbrev ', "professional asso	riation "Corp.," "Ir ciation," or the abl	ic.," or "Co.") previation "P.A."
AMENDMENTS A and/or Article Title(icle Number(s
					
					SEC ALL
					AHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAHAH
					SSE Y
			···	" <u>`</u>	STA :
					DA DA
		(Attach additional	pages if necessary)		
If an amendment profor implementing the					

(continued)

The date of each amendment(s) adoption:
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 Mar Colle
(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)
JOHN DURAN
(Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35