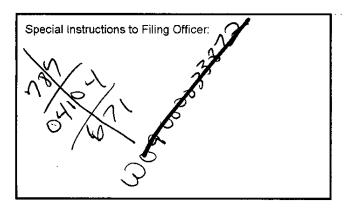
## P07000056879

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	W
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Office Use Only



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for the first

## COVER LETTER ~

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF COR	PORATION:T	B Management Service	es, Corporation
DOCUMENT NU	JMBER:		
The enclosed Artic	cles of Amendment and	ee are submitted for filing.	
Please return all co	orrespondence concernin	this matter to the following:	
		Gina L. Bennett	
		Name of Contact Person	
		Firm/ Company	
		P.O. Box 410212	
		Address	
	<u> </u>	lelbourne, Florida 32941 City/ State and Zip Code	<del></del>
	ginal E-mail address: (to b	ennett@bellsouth.net	cation)
For further inform	ation concerning this ma	·	,
	•	at ( <u>321</u> ) Area Code & Daj	412-1404
Name	e of Contact Person	Area Code & Day	time Telephone Number
Enclosed is a chec	k for the following amou	nt made payable to the Florida	Department of State:
□ \$35 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is en	Certificate of Status  Certified Copy  (Additional Copy is enclosed)
Mailing A Amendment Division o P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporat Clifton Building	ions

2661 Executive Center Circle

Tallahassee, FL 32301



July 27, 2009

GINA L. BENNETT P.O. BOX 410212 MELBOURNE, FL 32941

SUBJECT: TFB MANAGEMENT SERVICES, CORPORATION

Ref. Number: P07000056879

We have received your document for TFB MANAGEMENT SERVICES, CORPORATION and your check(s) totaling \$43.75. 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 **NOT FOR PROFIT** 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) 245-6916.

Letter Number: 209A00025698

Carol Mustain Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **Articles of Amendment** to Articles of Incorporation of

TFB Management Services, Corporation	
(Name of Corporation as currently filed with the Florida Dept. of State)	
(Document Number of Corporation (if known)	

Pursuant to the provisions of section 607.1006, Florid amendment(s) to its Articles of Incorporation:	da Statutes, this Florida Profit Corporation adopts the follo
A. If amending name, enter the new name of the cor	poration:
Space Coast Con	mpliance, IncThe new
	d "corporation," "company," or "incorporated" or the ation "Corp," "Inc," or "Co". A professional corporation al association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:	3158 Arden Circle ☐을 ≥
(Principal office address <u>MUST BE A STREET ADDI</u>	Melbourne. Florida
	32934 <u> </u>
C. Enter new mailing address, if applicable: (Malling address MAY BE A POST OFFICE BOX	P. O. Box 410212
	Melbourne, Florida 32941
D. If amending the registered agent and/or registere	
new registered agent and/or the new registered o	ffice address:
Name of New Registered Agent: Charle	es A. Schillinger, Esquire
New Registered Office Address:	Bedford Drive, Ste 1 (Florida street address)
· · · · · · · · · · · · · · · · · ·	·
<u>Melbor</u>	urne , Florida 32940 (City) (Zip Code)
New Registered Agent's Signature, if changing Regis	stered Agent:  am familiar with and accept the obligations of the position.
Thereby decept the appointment as registered agent.	The second of the positions of the positions.
Signature	e of New Registered Agent, if changing

Page 1 of 3

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed und 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>N/A</u>		☐ Add ☐ Remove
	N/A		
	N/A		_ ~
(attach	nding or adding additional A additional sheets, if necessary) icable - None		
provis		xchange, reclassification, or cancellane nendment if not contained in the am	
Not Appl	icable - None		

	t(s) adoption: July 15, 2009
Effective date if applicable:	July 15, 5009 (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
sel	y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court
арр	pointed fiduciary by that fiduciary)
	Gina L. Bennett
	(Typed or printed name of person signing)
	President and Incorporator
	(Title of person signing)