## P07000068705

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SECRETARY OF STATEMENT OF STATE

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |  |  |  |
|---|--|--|--|--|--|
| NAME OF CORPORATION: Leslie Sibbitt, Inc.   |  |  |  |  |  |
| DOCUMENT NUMBER: P0700068705  |  |  |  |  |  |
| The enclosed Articles of Amendment and fee are submitted for filing.  |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:   |  |  |  |  |  |
| Leslie Sibhitt  Name of Contact Person  |  |  |  |  |  |
| Leslie Sibbitt R.A.   |  |  |  |  |  |
| 211 W. Alfred St.   |  |  |  |  |  |
| City/State and Zip Code  US 1 bbit Amsn. com E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |
| For further information concerning this matter, please call:  Les lie Sibit at (813) 727-6774  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 Certificate of Status  \$43.75 Filing Fee & Certificate of Status  Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee Certificate of Status  Certified Copy (Additional Copy is enclosed) |  |  |  |  |  |
| Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle                           |  |  |  |  |  |

Tallahassee, FL 32301

| Articles of Amendment  to 5.55005.   |  |  |  |  |
|--|--|--|--|--|
| $UNNKORF_{C}MK_{C}$  |  |  |  |  |
| of Open Siding   |  |  |  |  |
| Name of Corporation as currently filed with the Florida Dept. of State)  Articles of Incorporation  O9 0C7 - 5  PM 3: 08   |  |  |  |  |
| (Name of Corporation as currently filed with the Florida Dept. of State)   |  |  |  |  |
| PO 7000 68705 (Document Number of Corporation (if known)   |  |  |  |  |
| (Document Number of Corporation (if known)   |  |  |  |  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation: |  |  |  |  |
| A. If amending name, enter the new name of the corporation:  |  |  |  |  |
| (PS) ie Sibhit P.A. The new  |  |  |  |  |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the   |  |  |  |  |
| abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation   |  |  |  |  |
| name must contain the word "chartered," "professional association," or the abbreviation "P.A."   |  |  |  |  |
| B. Enter new principal office address, if applicable:  |  |  |  |  |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| C. Enter new mailing address, if applicable:   |  |  |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the   |  |  |  |  |
| new registered agent and/or the new registered office address:   |  |  |  |  |
| N 6 N 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |  |  |  |  |
| Name of New Registered Agent:N (   |  |  |  |  |
|  |  |  |  |  |
| New Registered Office Address: (Florida street address)  |  |  |  |  |
| , Florida  |  |  |  |  |
| (City) (Zip Code)  |  |  |  |  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |  |  |  |
| I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.  |  |  |  |  |
|  |  |  |  |  |
| Signature of New Registered Agent, if changing   |  |  |  |  |

|              | and title, name, and address<br>ditional sheets, if necessary)  | of each Officer and/or Director being  | added:         |
|--------------|---|--|----------------|
| <u>Title</u> | Name NCC  | Address  | Type of Action |
| <del></del>  |   |  |                |
|              |   |  |                |
| <del></del>  |   |  |                |
|              | <del></del>   |  |                |
| (attach d    | Real to description of the second sheets, if necessary with the second sheets and the second sheets are second sheets. | Articles, enter change(s) here:  i). (Be specific)  Luling in All  Living        | al Estate      |
|              |   |  |                |
| provis       |   | exchange, reclassification, or cancellat<br>mendment if not contained in the ame |                |
|              |   |  |                |
|              |   |  |                |
| <del></del>  |   |  |                |

| The date of each amendment(s) adoption:   |
|---|
| Effective date if applicable: (date of adoption is required)  |
| (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 10-1-09   |
| Signature  (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) |
| (Typed or printed name of person signing)   |
| (Title of person signing)   |