## Po1000015959

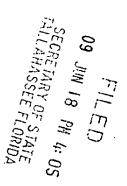
·
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document-Number)
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## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
NAME OF CORPORATION: TriCoxo	ty Repossession	i Recovery, Inc
DOCUMENT NUMBER: PO70000	75959	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this n	natter to the following:	
- Anthony Num	Di Francesco e of Contact Person	
Tri-County Papa	Session: Pecon	ery, Irc.
3345 Okeachol	Dee Road Address	
Fort Pierce, FL City	34947 State and Zip Code	·
E-mail address: (to be used for	or future annual report notification)	
For further information concerning this matter, ple	ease call:	
Anthony DiFrancesco  Name of Contact Person	at ( <u>778</u> ) <u>465</u> . Area Code & Daytime Tele	ephone Number
Enclosed is a check for the following amount mad	le payable to the Florida Depart	ment of State:
□ \$35 Filing Fee  □ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

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

Tri-County Repossession: Perove	ru. Inc
(Name of Corporation as currently filed with the Florida Dept. of S	State
P07000075959	

(Document Numb	per of Corporation (if kno	wn)
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fa	lorida Profit Corporation adopts Be follow
A. If amending name, enter the new name of	the corporation:	SSR 00 T
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	designation "Corp," "Inc	"company," or "incorporated" or the c," or "Co". A professional corporation
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	<u>E BOX</u> )	
D. If amending the registered agent and/or re new registered agent and/or the new regist		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street d	uddress)
_	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent:	•

## 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
, ,	Reed, Gary L	3345 Okeerhobee R Ff. Pierre, FL 3494	Add
			_
			_
	ding or adding additional Articles, en dditional sheets, if necessary). (Be sp		
	mendment provides for an exchange,		
	ons for implementing the amendment not applicable, indicate N/A)	if not contained in the amendment	itself:

The date of each amendment(s) adoption: 61512009
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 61512009
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)
President (Title of person signing)