P0700081150

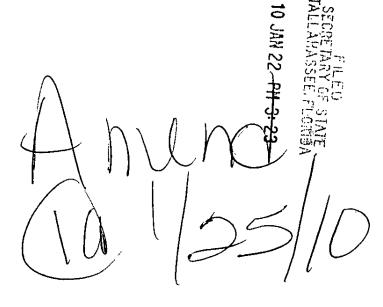
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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01/22/10--01007--018 **35.00



COVER LETTER

TO: Amendment Section Division of Corporations		
NAME OF CORPORATION: ALWAYS	S ON, INC.	<u> </u>
DOCUMENT NUMBER: P070000	81150	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
LACE	Y WEAUER	
Nam	ne of Contact Person	
	Firm/ Company	·····
110		
	OCH AVENUE W	
_		
	UTON, FL 3420-	<u>1</u>
•	/ State and Zip Code	
Weaver 2258	or future annual report notification)	
E-mail address: (to be used to	or future annual report notification)	
For further information concerning this matter, pl	ease call:	
Matthew Weaver	_at(<u>941</u>)_447	- 1404
Name of Contact Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check for the following amount made	de payable to the Florida Depar	tment of State:
\$35 Filing Fee \$\text{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	Street Address	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circl	e

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

· P	of	nii
ALWAYS ON	I, INC.	
(Name of Corporation as curre	ntly filed with the Florid	la Dept. of State)
P070C	00081150	Down)
(Document Num	ber of Corporation (if kno	own)
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this <i>F</i>	<i>Torida Profit Corporation</i> adopts the fo
A. If amending name, enter the new name of	the corporation:	
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if appl		
Principal office address <u>MUST BE A STREE</u>	<u> ADDRESS</u>	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		
D. If amending the registered agent and/or renew registered agent and/or the new regis		n Florida, enter the name of the
New Registered Office Address:	(Florida street d	(uddress)
		, Florida
	(City)	(Zip Code)
lew Registered Agent's Signature, if changin hereby accept the appointment as registered as		and accept the obligations of the position
-		· · · · · · · · · · · · · · · · · · ·
Si	ignature of New Registere	d Agent, if changing

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
D	Jim Cravens	12275 23rd St. E. Parrish, FL 34219	_ ☐ Add _ Remove
	-		_
(attach a	additional sheets, if necessary). (Be spe	cific)	
provisi	mendment provides for an exchange, reions for implementing the amendment in applicable, indicate N/A)		

The data of each amendment(s) ac	option: 01/01/2010
Effective date if applicable:	01/01/2010
(no	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(sficient for approval.
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by(voti	
(,,,,,	8 8 1 11/1
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholde
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder
Dated 12/	acy Weaver
Signature	aatWeaver
(By a dir selected,	by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
	(Typed or printed name of person signing)
_	(Title of person signing)
	(True of person signing)