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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

...

NAME OF CORPORATION: <u>Hyacynth Industries Inc</u>		
DOCUMENT NUMBER: P07	000105716	
The enclosed Articles of Amendment and fee an	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
the state of the s	ristina Sayers	<del>.</del>
(Name o	of Contact Person)	
	th Industries Inc m/ Company)	
(FII:	in Company)	
	19 Gants Cir (Address)	·····
	mee, Fl. 33032 ate and Zip Code)	
For further information concerning this matter,	please call:	
Christina Sayers	at ( 407 ) 572-509	98
(Name of Contact Person)	(Area Code & Daytime	e Telephone Number)
Enclosed is a check for the following amount m	ade payable to the Florida Dep	partment of State:
☑\$35 Filing Fee	\$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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center C	ircle

Tallahassee, FL 32301

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



<b>01</b>	SECRES PM 12: 50
Hyacynth Industries Inc	LAND OF STA
(Name of Corporation as currently filed with the Florida Dept. of State)	TANSEE, FLORIDA
P 0700010 5716	
(Document Number of Corporation (if known)	

If amending name, enter the new name of	f the corporation:	
new name must be distinguishable a corporated" or the abbreviation "Corp.," o". A professional corporation name ociation," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	"Corp," "Inc," or
Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u>		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or r new registered agent and/or the new regis		nter the name of the
		nter the name of the
new registered agent and/or the new regis		nter the name of the
new registered agent and/or the new registered Agent:	stered office address:	nter the name of the, Florida (Zip Code)

Signature of New Registered 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
Vice Pr	William Sayers	1519 Gants Cir Kissimmee, Fl. 33032	Add Remove
<del></del>			Add Remove
			Add Remove
	ndment provides for an exchange, recla		
	for implementing the amendment if no applicable, indicate N/A)	ot contained in the amendment i	<u></u>

The date of each amendment(s) adoption: 10-7-08		
Effective date if applicable:	10-7-08	
Interior during in approximation	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) are sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes of	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
• ****	(voting group)	
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder	
Dated 10-7-	-08	
Signature(Bv	a director, president or other officer – if directors or officers have not been	
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court binted fiduciary by that fiduciary)	
	Christina Sayers	
	(Typed or printed name of person signing)	
	President (Title of person signing)	
	(Title of person signing)	