P07000106480

(Requestor's Name)	
(Address)	· ·
(Address)	
(City/State/Zip/Phone	· #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
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2010 JUL -9 PHIZ: 31
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations		· · · · · · · · · · · · · · · · · · ·
NAME OF CORPORATION: Apois	nte Marketing 3	Inc
DOCUMENT NUMBER: P0700	0106480	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
2 mmanuel	St. Germain	
Nam	e of Contact Person	
	1	
·	Firm/ Company	
1539 8	Stuary Trail	
	Address	.
De lyay B	eal Pl 3348 (State and Zip Code	3
•	State and Zip Code	
emansf	or future annual report notification)	<u> </u>
E-man address, (to be used to	or future armual report nonneation)	
For further information concerning this matter, pl	ease call:	
Sumanuel St. Garacil	''' \	7317
Name of Contact Person	Area Code & Daytime Tele	ephone Number
Enclosed is a check for the following amount made	le payable to the Florida Depart	ment of State:
\$35 Filing Fee \$\sum \text{S43.75 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 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301	e



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010 ·

EMMANUEL ST GERMAIN 1539 ESTUARY TRAIL DELRAY BEACH, FL 33483

SUBJECT: LAPOINTE MARKETING INC

Ref. Number: P07000106480

We have received your document for LAPOINTE MARKETING INC and your check(s) totaling \$35.00. 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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 010A00015926

	Articles of Amendment	t .	a,
A1	to rticles of Incorporation	n	F. S.,
A	of		
Lapointe Ma	aketing Inc	2.5%	JUL 9 PHIZ. 31
(Name of Corporation as curren	tly filed with the Florida	a Dept. of State)	Phys
P070001	26480	74	SSE OF 2.31
(Document Numb	per of Corporation (if know	wn)	FLORIS
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corporation ac	lopts the following
A. If amending name, enter the new name of t	the corporation:		
9 mmanue St.	Sermain In	· ·	The new
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	e word "corporation," lesignation "Corp," "Inc	"company," or "incorpora ," or "Co". A professional	ited" or the
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 renew registered agent and/or the new regist		1 Florida, enter the name of	<u>f the</u>
		. :	
New Registered Office Address:	(Florida street a	ddress)	<u> </u>
	(City)	, Florida (Zip Code)	<u></u>
No Destate Access Co. 18 1		1	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g kegisterea Agent: ent. I am familiar with a	nd accept the obligations of	the position.
Sig	gnature of New Registered	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)

Title	•	Name	<u>Address</u>	ı	ype of Action
					☐ Add ☐ Remove
			·		☐ Add ☐ Remove
					☐ Add ☐ Remove
E Ifa	andle-	a ou oddina additaaal A	tialos anton abanca(a) b		
(attach	addit	ional sheets, if necessary).	ticles, enter change(s) here (Be specific)	•	
				·	
	.,		·····		-
					·
prov	isions		change, reclassification, o endment if not contained		
	. 7				
			·		
	-,,,			,	<u> </u>
					,

The date of each amen		24/10	:
Effective date if applic		of adobtion is required) 24 / 10	i i
		fter amendment file date)	
Adoption of Amendme	ent(s) (<u>CHECK ON</u>	<u>NE</u>)	·
	vas/were adopted by the sharehol was/were sufficient for approval.		cast for the amendment(s)
	vas/were approved by the sharehorovided for each voting group er		
"The number o	votes cast for the amendment(s)	was/were sufficient for app	proval
by	· · · · · · · · · · · · · · · · · · ·	**	•
	(voting group)		
The amendment(s) action was not requ	vas/were adopted by the board of red.	directors without sharehold	der action and shareholder
The amendment(s) action was not requ	vas/were adopted by the incorpor red.	rators without shareholder a	ction and shareholder
Dated	6/24/10	:	
Signa		56	
t	(By a director, president or of selected, by an incorporator – appointed fiduciary by that fiduciary	if in the hands of a receive	
	Emmanu	el St. Germ	ain
	(Typed or pr	rinted name of person signir	ng)
	Princi	pal - Pres	ident
्या क्षित्रकोतः । जिल्ला	(Title of person	signing)	***************************************