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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: Justin Bacher Inc.					
DOCUMENT NUMBER: <u>PO200111326</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Macie Barber V.P. Name of Contact Person					
Justin Barber Inc.					
8106 Delta Drive					
ni Hon, Fl. 32583 City/ State and Zip Code					
Barber Justin and the net E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (850) 223-3372 Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$35 Filing Fee \$\bigcip \\$43.75 Filing Fee & \Bigcip \\$43.75 Filing Fee & \Bigcip \\$52.50 Filing Fee & \Bigcip \\$60 Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional	Status				
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

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(Name of Corporation as currently filed with the Florida Dept. of State) PODOCING (Document Number of Corporation (if known) suant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the endment(s) to its Articles of Incorporation: If amending name, enter the new name of the corporation: The must be distinguishable and contain the word "corporation," "company," or "incorporated" or reviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporate must contain the word "chartered," "professional association," or the abbreviation "P.A." Enter new principal office address, if applicable: incipal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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:	
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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:	JO AU
new registered agent and/or the new registered office address:	FILED
Name of New Registered Agent:	<i>,</i>
New Registered Office Address: (Florida street address)	
, Florida	_
(City) (Zip Code)	
Registered Agent's Signature, if changing Registered Agent:	
reby accept the appointment as registered agent. I am familiar with and accept the obligations of the pos	ition.

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 Aason Ne	il Johnson	Address 5316 Alabana St	Type of Action Add
	<u> </u>		1971-1971 - F1. 3259 (850) 686-4006	
				Remove
	ding or adding addit dditional sheets, if ne			
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F Ifan ar	nendment provides	for an exchange re	classification, or cancellation o	ficcuad charac
<u>provisi</u>		g the amendment i	f not contained in the amendme	
				

Total and described	(date of adoption is required)		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement of 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 amount descent of the second of the seco			
action was not required.	re adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder		
Dated 8	127/10		
Signature ~	Maire Barber		
(By	a director, president or other officer - if directors or officers have not been		
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)		
	Marie Barber		
	(Typed or printed name of person signing)		
	Vice President		
• •	(Title of person signing)		