P07000121882

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	,
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name)	
(Do	ocument Number)	
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November 16, 2009

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

	Eivor-Shre	ed, Inc.
Filing Evidence ☑ Plain/Confirmation	n Copy	Type of Document ☐ Certificate of Status
□ Certified Copy		☐ Certificate of Good Standing
		□ Articles Only
Retrieval Reque Photocopy Certified Copy	<u>st</u>	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate □ Other
NEW FILINGS		AMENDMENTS
Profit	X	Amendment
Non Profit		Resignation of RA Officer/Director
Limited Liability		Change of Registered Agent
Domestication		Dissolution/Withdrawal
 Other		Merger
OTHER EN DIGG	<u> </u>	
OTHER FILINGS		REGISTRATION/QUALIFICATION
Annual Reports	-	Foreign
 Fictitious Name	<u> </u>	Limited Liability
Name Reservation		Reinstatement
Reinstatement	<u> </u>	Trademark
	[·	Other

Articles of Amendment to Articles of Incorporation of

FILED

2009 NOV 16 PM 3: 02

SECRETARY OF STATE
ALLAHASSEE, FLORIO

P07000121882
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of	f the corporatio	<u>n:</u>	
The new name must be distinguishable of "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.	," or the designation "	Corp," "Inc," or
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		5543 SW 84th Place	
		Ocala FL 34476	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)			
		Ocala FL 34477	
D. If amending the registered agent and/or new registered agent and/or the new registered			ter the name of the
Name of New Registered Agent:	Angela Grace		_
	5543 SW 84th F	Place	
New Registered Office Address:	(Flori	ida street address)	
	Ocala		_, Florida_34476_
		(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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>	Name	Address	Type of Action
<u>PT</u>	Smallwood, Lynn M		☐ Add ☑ Remove
<u>S</u>	Smallwood, Larry		Add Remove
<u>PST</u>	Grace, Angela	P.O. Box 770295	Add Remove
E. If amending (attach addit	g or adding additional Articles, enter chional sheets, if necessary). (Be specific	nange(s) here:	
provisions	dment provides for an exchange, reclar for implementing the amendment if no	ssification, or cancellation of iss It contained in the amendment i	ued shares, tself:

The date of each amendment(s) adoption:		
Effective date if applicable:	November 12, 2009	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/web by the shareholders was/web	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 d for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	east for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
action was not required. The amendment(s) was/we	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
action was not required.		
Dated	1/12/09	
Signature	Acce	
	a director president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ointed fiduciary by that fiduciary)	
	Angela Grace	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	