+1 866 470 2984

An:850 617 6381

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**Division of Corporations** 

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Florida Department of State

Division of Corporations

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To

Division of Corporations

Fax Number

: (850)617-6380

Account Name : US AG 24

Account Number : I20060000089 Phone

Fax Number

: (305)767-2040

: (866)470-2984

## SCQR AMND/RESTATE/CORRECT OR O/D RESIGN

## **GRAMKOW INC**

| Certificate of Status | ı | 0       |
|-----------------------|---|---------|
| Certified Copy        | į | 0       |
| Page Count            |   | 01      |
| Estimated Charge      | ĺ | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

12.09.2008 19:06

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| NAME OF               | CORPORATION: Gramkow Inc                      | ·                                                                            |                                                                                                   |
|-----------------------|-----------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| DOCUME                | NT NUMBER: P08000004591                       |                                                                              |                                                                                                   |
| The enclos            | ed Articles of Amendment and fee are          | submitted for filing.                                                        |                                                                                                   |
| Please retu           | m all correspondence concerning this          | matter to the following:                                                     |                                                                                                   |
|                       | Peter Harris                                  | •                                                                            |                                                                                                   |
|                       | (Name of                                      | Contact Person)                                                              |                                                                                                   |
|                       | US AG 24 Inc                                  |                                                                              |                                                                                                   |
|                       | (Firm                                         | / Company)                                                                   |                                                                                                   |
|                       | 3001 Rocky Point Drive East                   |                                                                              |                                                                                                   |
|                       | (/                                            | Address)                                                                     | <del></del>                                                                                       |
|                       | Tampa, FL 33607                               |                                                                              |                                                                                                   |
|                       | (City/ Sto                                    | te and Zip Code)                                                             |                                                                                                   |
| For further           | information concerning this matter, p         | lease call:                                                                  | •                                                                                                 |
| Peter Harr            |                                               | at ( 305 ) 767 2040                                                          |                                                                                                   |
|                       | (Name of Contact Person)                      | (Area Code & Daytime Tele                                                    | rphone Number)                                                                                    |
| Enclosed is           | a check for the following amount:             |                                                                              |                                                                                                   |
| <b>☑ \$</b> 35 Filing | Fee S43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|                       | iling Address<br>endment Section              | Street Address Amendment Section                                             |                                                                                                   |
|                       | ision of Corporations                         | Division of Corporations                                                     |                                                                                                   |
| P.O                   | . Box 6327                                    | Clifton Building                                                             |                                                                                                   |
| Tall                  | ahassee, FL 32314                             | 2661 Executive Center Circle Tallahassee, FL 32301                           |                                                                                                   |

An: 850 617 6381 [ [ E ] S. 3/4

2008 SEP 12 AM 5: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## Articles of Amendment to Articles of Incorporation of

| Gra                          | mkow inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | (Name of corporation as currently filed with the Florida Dept. of State)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                              | P08000004591                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                              | (Document number of corporation (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                              | · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Pursuant to<br>adopts the    | the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation following amendment(s) to its Articles of Incorporation:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NEW CO                       | RPORATE NAME (if changing):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| N/A                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Must contain<br>A profession | the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") and corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| AMENDA<br>and/or Arti        | IENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) cle Title(s) being amended, added or deleted: (BE SPECIFIC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| The Boa                      | rd of Directors has changed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| The new                      | President is: US 24 Corporation Service Inc, 3001 N.Rocky Point Drive East                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 2nd Floor                    | , Tampa, FL 33607                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 1                            | (Attach additional pages if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| _                            | · - · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| f an amen<br>or insplem      | Iment provides for exchange, reclassification, or cancellation of issued shares, provisions enting the amendment if not contained in the amendment itself: (if not applicable, indicate N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| N/A                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                              | ( and its all the second to th |
|                              | (continued)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| The date o  | f each amendment(s) adoption: 09/10/2008                                                                                                                                                                        |  |  |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Offective o | ate if <u>applicable</u> : 09/10/2008                                                                                                                                                                           |  |  |
|             | (no more than 90) days after tunendment file date)                                                                                                                                                              |  |  |
| Adoption    | of Amendment(s) (CHECK ONE)                                                                                                                                                                                     |  |  |
| Z           | The amendment(s) was/were approved by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.                                                     |  |  |
|             | The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)                                                                                                                                                                                                  |  |  |
|             | The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.                                                                                 |  |  |
|             | The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.                                                                                      |  |  |
|             | Signature                                                                                                                                                                                                       |  |  |
|             | (By a director, position 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) |  |  |
|             | Michael O. Schuett                                                                                                                                                                                              |  |  |
|             | (Typed or printed name of person signing)                                                                                                                                                                       |  |  |
|             | Incorporator                                                                                                                                                                                                    |  |  |
|             | (Title of person signing)                                                                                                                                                                                       |  |  |

FILING FEE: \$35