P08000016421

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EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPO	PRATION:	WOOD IMAGINATION INC		
DOCUMENT NUM	[BER:	P08000016421		
The enclosed Article	s of Amendment and fee a	are submitted for filing.		
Please return all corr	espondence concerning th	is matter to the following:		
	VICTOR BELITCHENKO			
	1	Name of Contact Person		
, 	woo	DD IMAGINATION INC		
		Firm/ Company		
_	604	4 FIRST CORAL DR		
		Address .		
	WINTER GARDEN FL 34787			
	(City/ State and Zip Code		
	WOODIMAG E-mail address: (to be use	INATION@GMAIL.COM ed for future annual report notification)		
For further informati	on concerning this matter,	, please call:		
		at (407)4	511031	
Name of	Contact Person	Area Code & Daytime Tele	ephone Number	
Enclosed is a check t	for the following amount r	nade payable to the Florida Depart	ment of State:	
☑ \$35 Filing Fee	\$43.75 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	

Articles of Amendment to Articles of Incorporation of

WOOD IMAGINATION INC

(Name of Corporation as curren	tly filed with the Florids	Dent. of State)	
	00016421		
,	per of Corporation (if know	vn)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	, Florida Statutes, this Fl	orida Profit Corporation :	adopts the following
A. If amending name, enter the new name of	the corporation:		
			The new
name must be distinguishable and contain th abbreviation "Corp.," "Inc.," or Co.," or the a name must contain the word "chartered," "profe	designation "Corp," "Inc,	" or "Co". A profession	
B. Enter new principal office address, if appli	cable:		
(Principal office address <u>MUST BE A STREET</u>			
C. Enter new mailing address, if applicable:			NON E
(Mailing address MAY BE A POST OFFIC	<u>E BOX</u>)	., ,,	16 AH 10: 5
D. If amending the registered agent and/or re new registered agent and/or the new regist		Florida, enter the name	#常認 (20)
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	(Florida street a	ddress)	
		, Florida	
_	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag			f the position.

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
VP	MARK BONDARENKO	151 N CERVIDAE DR APOPKA FL. 32703	☐ Add ☐ ☑ Remove
			
<u>provisi</u>	mendment provides for an exchange, and one for implementing the amendment applicable, indicate N/A)		

The date of each amendment	(s) adoption: <u>11/</u>	11/2009
Effective date if applicable:	11/11/2009	(date of adoption is required)
	(no more than 90	days after amendment file date)
Adoption of Amendment(s)	(CHE	CCK ONE)
The amendment(s) was/we by the shareholders was/we		hareholders. The number of votes cast for the amendment(s) oproval.
		shareholders through voting groups. The following statement of the control of the
"The number of votes	cast for the amenda	ment(s) was/were sufficient for approval
by		,,
•	(voting group)	
action was not required.		coard of directors without shareholder action and shareholder ncorporators without shareholder action and shareholder
Dated_11/1	1/2009	
		nt or other officer – if directors or officers have not been orator – if in the hands of a receiver, trustee, or other court
	ointed fiduciary by	
		VICTOR BELITCHENKO
	(Туре	ed or printed name of person signing)
		PRESIDENT
	(Title of	person signing)