

P08000016804

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(Address)

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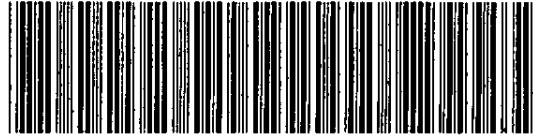
(Business Entity Name)

(Document Number)

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08/27/08--01011--015 **35.00

FILED
08 AUG 27 AM 8:31
CLERK OF COURT
JANAMASSEE FLORIDA

Amend
9/4/08
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SOLUTION SOURCE OF CENTRAL FLORIDA INC.

DOCUMENT NUMBER: P08000016804

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIM NEWLON

(Name of Contact Person)

NEWLON SERVICES PA

(Firm/ Company)

PO BOX 907

(Address)

SAN ANTONIO, FL 33576

(City/ State and Zip Code)

For further information concerning this matter, please call:

TIM NEWLON

(Name of Contact Person)

at (352) 588-3844

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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 Circle
Tallahassee, FL 32301

**Articles of Amendment
to
Articles of Incorporation
of**

SOLUTION SOURCE OF CENTRAL FLORIDA, INC.

(Name of corporation as currently filed with the Florida Dept. of State)

P08000016804

(Document number of corporation (if known))

FILED
08 AUG 27 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

NEW CORPORATE NAME (if changing):

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS

STEPHEN TILLACK 32815 MICHIGAN AVE SAN ANTONIO, FL 33576 PRESIDENT

ARTICLE VI: THE NAME AND FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

STEPHEN TILLACK 32815 MICHIGAN AVE SAN ANTONIO, FL 33576

(SEE ATTACHED REGISTERED AGENT SIGNATURE)

ARTICLE VII: THE NAME AND ADDRESS OF THE INCORPORATOR

STEPHEN TILLACK 32815 MICHIGAN AVE SAN ANTONIO, FL 33576

(Attach additional pages if necessary)

If an amendment provides for exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

(continued)

The date of each amendment(s) adoption: AUGUST 20, 2008

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were approved by the shareholders. The number of votes cast 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 cast 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 X Stephen Tillack
(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)

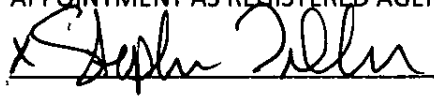
STEPHEN TILLACK
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35

CONTINUATION OF ARTICLE VI:

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

x 

SIGNATURE/REGISTERED AGENT

8-23-08

DATE