# P08000030516

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#### **COVER LETTER**

Division of Corporations		
NAME OF CORPORATION:	RESOURCE	S INC.
DOCUMENT NUMBER: PO800	00030516	
The enclosed Articles of Amendment and fee are s	submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	1
MARTIN	AVENPORT of Contact Person	<u> </u>
JMI RE		· • · · · · · · · · · · · · · · · · · ·
1900 LAND	O'LAKES BU	vo. SIE 107
Lutz, FL	33549 State and Zip Code	· · · · · · · · · · · · · · · · · · ·
marty Q Im	Total report notification)	· Com
For further information concerning this matter, ple	ase call:	
MARTIN DAVENDRT	_at (313) 468	-9994
Name of Contact Person  Enclosed is a check for the following amount made	Area Code & Daytime Tel	ephone Number
\$35 Filing Fee	\$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	Street Address Amendment Section Division of Corporations	:

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

### Articles of Amendment to

## **Articles of Incorporation**

# (Name of Corporation as currently filed with the Florida Dept. of State) P080000305 (Document Number of Corporation (if known) amendment(s) to its Articles of Incorporation:

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

JMI RES	OURCE, _	ENC.	The
ne must be distinguishable and contoureviation "Corp.," "Inc.," or Co.," one must contain the word "chartered,"	r the designation "Corp," '	'Inc," or "Co". A pr	ofessional corpora
Enter new principal office address, if ncipal office address <u>MUST BE A ST</u>		·	
Enter new mailing address, if applica	 able:		
	FFICE BOX		
Mailing address <u>MAY BE A POST O</u>	/or registered office addre	ss in Florida, enter th	e name of the
Mailing address MAY BE A POST O	/or registered office addre		e name of the
(Mailing address MAY BE A POST O	/or registered office addre registered office address:	et address)	orida

## 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> <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

	The date of each amendment	(s) adoption: 7-7-10	<u>.</u>	• ,
:	Effective date if applicable:	7-14-1 (date of adoption is required)		•
•		(no more than 90 days after amendment file date)		
	Adoption of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendmere sufficient for approval.	ent(s)	
		re approved by the shareholders through voting groups. The following stad for each voting group entitled to vote separately on the amendment(s):	tement	
	"The number of votes	cast for the amendment(s) was/were sufficient for approval		
÷	by	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1		(voting group)	<i>.</i> * .	•
	action was not required.	re adopted by the incorporators without shareholder action and shareholde	r ·	
	sele	a director, president or other officer – if directors or officers have not bee exted, by an incorporator – if in the hands of a receiver, trustee, or other co-ointed fiduciary by that fiduciary)		
		MARTIN DAVEN PORT (Typed or printed name of person signing)		٠
		PRESIDENT		
		(Title of person signing)		