P08000031801

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only

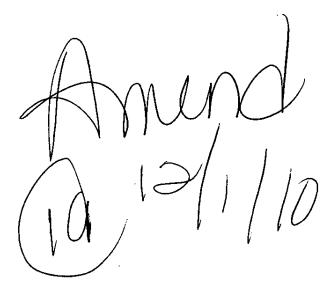


300187486543

11/08/10--01025--018 **35.00

10 DEC -1 AM 8: 42

SECRETARY OF STATE TAPLAHASSEE FLORIDA



COVER LETTER

TO: Amendment S Division of Co			
NAME OF CORP	ORATION: 511	p Resistant	Solutions
DOCUMENT NU	MBER: POS	000031861	
The enclosed Article	les of Amendment and fee a	re submitted for filing.	
Please return all co	rrespondence concerning th	is matter to the following:	
-	hynda	hogan	
	Slip	Resistant &	Dolutions
-	32	+ BASS Com	
	lynda	ISMAN Floria City/State and Zip Code @ Slipre Sista d for timure annual report notification)	da 34677 intsolutions. con
	tion concerning this matter, - LOGAN of Contact Pelson	please call:	5796
Enclosed is a check	for the following amount in	nade payable to the Florida Departr	ment of State:
S35 Filing Fee	S43.75 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 Ad Amendment Division of P.O. Box 63 Tallahassec	t Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	;

Tallahassee, FL 32301



RECEIVED 10 DEC -1 AM 8:19

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE TALLAHASSEE, FLORIDA

November 9, 2010

LYNDA LOGAN SLIP RESISTANT SOLUTIONS, INC. 324 BASS COURT OLDSMAR, FL 34677

SUBJECT: SLIP RESISTANT SOLUTIONS, INC.

Ref. Number: P08000031861

We have received your document for SLIP RESISTANT SOLUTIONS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

I have sent the original Copies.

Irene Albritton Regulatory Specialist II

Letter Number: 210A00026351

www.sunbiz.org

Articles of Amendment

to
Articles of Incorporation
of

Slip Resista	nt Solutions, Inc.			
(Name of Corporation as currently filed with t	he Florida Dept. of State)			
P08000031	861			
(Document Number of Corporation	on (if known)			
Pursuant to the provisions of section 607.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following			
A. If amending name, enter the new name of the corporation	<u>ı.</u>			
	The new			
name must be distinguishable and contain the word "corpo abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	rp," "Inc," or "Co". A professional corporation			
B. Enter new principal office address, if applicable;	324 Bass Court			
(Principal office address MUST BE A STREET ADDRESS)				
	Oldsmar, Florida			
	34677			
C. Enter new mailing address, if applicable:	G +			
(Mailing address MAY BE A POST OFFICE BOX)	324 Bass Court			
	Oldsmary Florida			
	3467			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add				
)	a hogan			
Name of New Registered Agent:				
324	da street address)			
New Registered Office Address: (Florid	5			
<u>Ulas</u>	Max, Florida 34677			
(City)	(Zip Code)			
New Registered Agent's Signature, if changing Registered Registere	rent:			
I hereby accept the appointment as registered agent. I am famil	iar with and accept the obligations of the position.			
_ (Xe	maa Dogan = FE			
Signature of New Registered Agent, if changing				
,	1 8			
Page 1 of	FLOR			

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>C</u> ,Z	John T. O'Co (deceased)	onnell 1956 George Circle N	rgia Add Avilla Remove V = 33760
工	John T D'Co (deceased)	onnell <u>som</u>	Add Remove
			Add Remove
	ing or adding additional Article ditional sheets, if necessary). (
The	shares of		
0,0	onnell (490 s	shares) will	be transterved
	hynda C.	hogan	
	O .	0	-
7	unda C. ho	gan will be	owner of 1000
	Sharas		
	- Over 2 1		
<u>provisio</u>	ns for implementing the amend applicable, indicate N/A)	inge, reclassification, or cancella iment if not contained in the am	tion of issued shares, endment itself;
		<u> </u>	
			

The date of each amendment	(s) adoption: Nov. 4, 2010
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	east for the amendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder
	e adopted by the incorporators without shareholder action and shareholder
Dated	November 4, 2010 Lynaa C. Logue, President
Signature	Lynaa C. Loque, President
(By select	a director, president or other officer — if directors or officers have not been cted, by an incorporator — if in the hands of a receiver, trustec, or other court printed fiduciary by that fiduciary)
	LYNDA C. Legan (Typed or printed name of person signing)
	(Typed or printed name of person signification)
	President
	(Title of person signing)