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SECRETARY OF STATE
TALL AHASSEE. FLORIO

N.C.
C.COULLIETTE
MAY 1 2, 2309

EXAMINER

### **COVER LETTER**

**Division of Corporations DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Employed to a chart for the chart of the month of the first control to the 145 (40) 19 AF 13 For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee \$43.75 Filing Fee & **■\$43.75** Filing Fee & \$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy

# **Mailing Address**

TO: Amendment Section

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

is enclosed)

## **Articles of Amendment**

to

**Articles of Incorporation** 

ηf

Pursuant to the provisions of section 607.1006, Flori following amendment(s) to its Articles of Incorporation	da Statutes, this Florida Profit Corporation adopts the
A. If amending name, enter the new name of the confidence of the new name must be distinguishable and confine "incorporated" or the abbreviation "Corp.," "Inc.," "Co". A professional corporation name must association," or the abbreviation "P.A."	tain the word "corporation," "company," or
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	SAME AS FILED
D. If amending the registered agent and/or register	
new registered agent and/or the new registered of	
Name of New Registered Agent:	AME AS FILED SING D
New Registered Office Address:	(Florida street address)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent is I hereby accept the appointment as registered agent position.	istered Agent:  I am familiar with and accept the obligations of the
Signatur	e of New Registered Agent, if changing

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
			Remove
	nding or adding additional additional additional sheets, if necessary	Articles, enter change(s) here: y). (Be specific)	
N/	4		
provis		exchange, reclassification, or cancella mendment if not contained in the am	
N/A			
	_		

Th	e date of each amendment(s) adoption: May, 05 2009.				
Efi	Effective date if applicable: Lan 14 2005				
	(no more than 90 days after amendment file date)				
Ad	option of Amendment(s) (CHECK ONE)				
	The amendment(s) was/were adopted 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)				
	(voting group)				
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.				
K	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.				
	Dated Nay 01. 2005				
	Signature (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)				
	ALDO A. GARRIS				
	(Typed or printed name of person signing)				
	Pres.				
	(Title of person signing)				