P0800035107

(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



400159306194

:06/27/09--01021--011 **35.00 · · ·

FILED

09 AUG 27 PH 2:27

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Marile

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	Diversified Services of Sarasota, Inc		
DOCUMENT NUMBER:		P08000035107		
The enclosed Artic	cles of Amendment and	d fee are submitted for filing.		
Please return all co	orrespondence concerni	ning this matter to the following:		
	Brian Palmer			
		Name of Contact Person		
		Brian Palmer CPA		
		Firm/ Company		
	2937 Bee Ridge Rd., Suite 2			
		Address		
		Sarasota, FL 34239		
		City/ State and Zip Code		
	pal E-mail address: (to	almercpa@comcast.net be used for future annual report notification)		
For further informa	ation concerning this m	natter, please call:		
	Brian Palmer	at (<u>941</u>) 922-4744		
Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check	k for the following amo	ount made payable to the Florida Department of State:		
7 \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status			
P.O. Box 6	t Section Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

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

	to	•
	Articles of Incorporation	n .
•	of .	
Divorcified Son	vices of Sarasota, Ir	9 . A
(Name of Corporation as curr		
		Thept. or state
	3000035107	
(Document Nun	nber of Corporation (if know	vn) ڳُو جَ
ursuant to the provisions of section 607.100 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation adopts the tollowing
. If amending name, enter the new name o	f the corporation:	,
		The new
bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "programme address, if applicable of the second must be address of the second must b	ofessional association," or a blicable: ET ADDRESS) CE BOX) registered office address in	the abbreviation "P.A."
Name of New Registered Agent:		
		
New Registered Office Address: (Florida street d		ddress)
		, Florida
	(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing the hereby accept the appointment as registered as	ngent. I am familiar with ar	
$\overline{}$	Signature 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>	Address	Type of Action
<u>D</u>	Philip Robert Roy	9055 SE Athena St. Hobe Sound, FL 33455	☑ Add □ Remove
	dditional sheets, if necessary). (Be		
provisio		e, reclassification, or cancellation of ent if not contained in the amendmen	

The date of each amendmen	t(s) adoption: July 31, 2009
Effective date <u>if applicable</u> :	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement of the following 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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated	7/24/09
Signature _	
(By sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Graham Lorenz
	(Typed or printed name of person signing)
	President
	(Title of person signing)