P08000055953

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
		:

Office Use Only



100136080041

10/06/08--01008--007 **35.00



Amond C.COULLIETTE OCT 102008

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: CIRQUE DU RX CORP DOCUMENT NUMBER: P08000055953 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **BILL W SEBREE** (Name of Contact Person) SEBREE INC (Firm/ Company) 3816 W LINEBAUGH AVENUE SUITE 114 (Address) TAMPA FL 33618-8900 (City/ State and Zip Code) For further information concerning this matter, please call: **BILL W SEBREE** (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ■\$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 (Additional Copy enclosed) is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations -> Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

Articles of Amendment to Articles of Incorporation of CIRQUE DU RX CORP (Name of corporation as currently filed with the Florida Dept. of State) P08000055953 (Document number of corporation (if known)

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 II: THE NEW PLACE OF BUSINESS IS 13615 BRUCE B DOWNS BLVD, SUITE 110, TAMPA FL 33613. ARTICLE III: THE NEW MAILING ADDRESS OF THE THE CORPORATION IS BRUCE B DOWNS BLVD, SUITE 110, TAMPA FL 33613. ARTICLE V: THE NAME AND ADDRESS OF THE NEW REGISTERED AGENT IS RONA M NUESTRO, 13615 BRUCE B DOWNS BLVD, SUITE 110, TAMPA FL 33613 ARTICLE VII: THE NAME AND ADDRESS OF THE P, VP, IS RONA M NUESTRO 13615 BRUCE B DOWNS BLVD, SUITE 110, TAMPA FL 33613 (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: SEPTEMBER 16, 2008
Effective date if <u>applicable</u> : SEPTEMBER 16, 2008 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (<u>CHECK ONE</u>)
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 (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)
RONA NUESTRO
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)

FILING FEE: \$35