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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations loven ReSults Direct MARKETING In DOCUMENT NUMBER: _\frac{1}{2} The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Name of Contact Person) (Area Code & Daytime Telephone Number) 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 Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy 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

Articles of Amendment to

DIVISION OF CORPORATIONS

09 JAN 23 DE

Articles of Incorporation of currently filed with the Florida Dept. (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Convocation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address: (Florida street address) (City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changin;

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)

Tit	e Name	Address	Type of Action
<u> </u>	Beverly YouL	1302 Rockfort	I Add M Remove
6)	133626	
4	OLEN Miller	3909 W. Cleveland	Add Add
		APT 124 22/2	Remove
		17MPA, FL-3360	7
			[] Add [] Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	If amending or adding additional Articles, ent		
(attach additional sheets, if necessary). (Be spe	ecific)	
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F.	If an amendment provides for an exchange, reprovisions for implementing the amendment		
	(if not applicable, indicate N/A)		
			3
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The date of each amendment	(s) adoption: $\frac{1-19-09}{}$		
Effective date if applicable:			
	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(sere sufficient for approval.		
	re approved by the shareholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action an I shareholder		
Dated	1/19/09		
Signature	Olen mille		
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 ointed fiduciary by that fiduciary)		
	O Lew Miller (Typed or printed name of person signing)		
	(Typed of printed name of person signing)		
	(Title of person signing)		