P08000065133

| (Requestor's Name) (Address) | 400157226104 |
|---|--|
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | 06/26/0901042009 **35.00 |
| (Business Entity Name) | And the second s |
| (Document Number) | |
| Certified Copies Certificates of Status | Mus |
| Special Instructions to Filing Officer: | O9 JUL 14 AM 10: 39 |

Office Use Only



July 2, 2009

ANGELA SALEMI A & S MANAGEMENT SERVICES, INC. 7400 BAYMEADOWS WAY STE 100 JACKSONVILLE, FL 32256

SUBJECT: A & S MANAGEMENT SERVICES, INC.

Ref. Number: P08000065133

We have received your document for A & S MANAGEMENT SERVICES, 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):

Please show title for each officer.

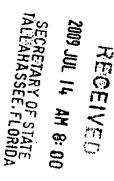
The document must have original signatures.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 209A00022740



COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATIO | N:A | & S Management Service | es, Inc. |
|--|-------------------------------------|--|---|
| DOCUMENT NUMBER: _ | | P08000065133 | |
| The enclosed Articles of Ama | endment and fee are | e submitted for filing. | |
| Please return all corresponder | nce concerning this | matter to the following: | |
| | | Salemi / Office manager | |
| | Na | me of Contact Person | |
| | A & S Mai | nagement Services, Inc. | |
| | | Firm/ Company | |
| | 7400 Bayr | meadows Way Suite 100 | ····· |
| | | Address | |
| | | onville, Florida 32256 | |
| | Cit | y/ State and Zip Code | |
| E-m | jsalemi ail address: (to be used | @bellsouth.net for future annual report notification) | |
| For further information conce | erning this matter, p | olease call: | |
| Angela Salemi / O | ffice manager | at (904) 2 | 24-2004 |
| Name of Contact I | Person | Area Code & Daytime Tel | lephone Number |
| Enclosed is a check for the fo | ollowing amount ma | ade payable to the Florida Depar | tment of State: |
| \$35 Filing Fee \$43.7 Certi | 75 Filing Fee & ficate 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 Address Amendment Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 | | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, FL 32301 | le |

Articles of Amendment to Articles of Incorporation of



| • | | OO " |
|--|--|---------------------------------------|
| A & S Man | agement Services, Inc. | 09 JUL 14 AM 10: 39 |
| (Name of Corporation as cu | irrently filed with the Florida Dept. o | f State) |
| P | 08000065133 | |
| | Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation | | ofit Corporation adopts the following |
| A. If amending name, enter the new nam | e of the corporation: | |
| name must be distinguishable and conta abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," " | the designation "Corp," "Inc," or "C | o". A professional corporation |
| B. Enter new principal office address, if a (Principal office address MUST BE A STR | | |
| C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF | | |
| D. If amending the registered agent and/onew registered agent and/or the new r | | , enter the name of the |
| Name of New Registered Agent: | Angela Salemi / Office manag | ger |
| New Registered Office Address: | 7400 Baymeadows Way Suite (Florida street address) | <u>e 100</u> |
| | Jacksonville, (City) | , Florida <u>32256</u> (Zip Code) |
| New Registered Agent's Signature, if characteristics I hereby accept the appointment as registered. | nging Registered Agent: | of the obligations of the position. |

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)

| Title . ` | Name | Address | Type of Action |
|-----------|---|---|----------------|
| Officer | Sharon Holloway Albert / Broker | 7400 Baymeadows Way Suite 100 Jacksonville, Florida 32256 | Add Remove |
| Officer | Carl W. Hunter / Broker | 7400 Baymeadows Way Suite 100 Jacksonville, Florida 32256 | Add Remove |
| | | | _ |
| | ling or adding additional Articles, enter calditional sheets, if necessary). (Be specific | | |
| | | | |
| | | | |
| provisio | nendment provides for an exchange, reclains for implementing the amendment if not applicable, indicate N/A) | | |
| | | | |
| | | | |
| | | | |

| The date of each amendmen | t(s) adoption: June 30th 2009 |
|--|---|
| Effective date if applicable: | June 30th 2009 (date of adoption is required) (no more than 90 days after amendment file date) |
| • | (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) were sufficient for approval. |
| The amendment(s) was/we must be separately provide | ere approved by the shareholders through voting groups. The following statement ed 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) |
| 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 |
| Signature(By | e 19th 2009 ya director, president of 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) |
| | Gerald W. Salemi (Typed or printed name of person signing) |
| | President (Title of person signing) |