P08000076588

(Requestor's Name)				
(Address)				
(Address)				
, por T				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· · · ·				
(Document Number)				
, , , , , , , , , , , , , , , , , , ,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				
<u>,</u>				
•				
to and an artist and a second a				





300151441053

04/22/09--01019--012 **35.00

Aniena

CRETARY OF ST

76:20:30 (MAY/11/2) 2009



April 27, 2009

STEVEN C. BLAKE SUNCOAST BIKE & TRIKE, INC. 9841 LEMA COURT NEW PORT RICHEY, FL 34655

SUBJECT: SUNCOAST BIKE AND TRIKE, INC.

Ref. Number: P08000076588

We have received your document for SUNCOAST BIKE AND TRIKE, 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

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: 709A00014043

PRECEIVED
2009 HAY 12 AM 8: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Suncoast B	ike & Trike, Inc.		
DOCUMENT NUMBER: P080000765	588		
The enclosed Articles of Amendment and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
	nn T. Faulkner		
(iname of	Contact Person)		
Suncoast Bike & Trike, Inc. (Firm/ Company)			
· ·			
	1 Lema Court		
(4	Address)		
	Richey, FL. 34655 te and Zip Code)		
For further information concerning this matter, p			
Steven C. Blake	at (<u>727</u>) <u>359-1068</u>		
(Name of Contact Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check for the following amount ma	nde payable to the Florida Depar	tment of State:	
\$35 Filing Fee \$\times \$43.75 Filing Fee & Certificate 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 Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le	

FILED

Articles of Amendment to Articles of Incorporation of \

09 MAY 12 PM 4: 01

SECRETARY OF STATE

An d	TALLAHASE	EENEL
SUNCOAST BIKE 1/2 TRIKE, INC.		8
(Name of Corporation as currently filed with the Florida De	ot. of State)	_
P08000076588		
(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:

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 MUST BE A STREET ADDRESS) 2070 NORTH POINTE ALEXIS DRIVE TARPON SPRINGS, FL. 34689 C. Enter new mailing address, if applicable: (NIA) (Sine As Above) (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: **GEORGE KARALIS** Name of New Registered Agent: 2070 NORTH POINTE ALEXIS DRIVE (Florida street address) New Registered Office Address: **TARPON SPRINGS** Florida 34689 (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 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)

Type of Action Title <u>Name</u> Address JOHN T. FAULKNER 9841 LEMA COURT ☐ Add Remove NEW PORT RICHEY, FL. 34655 9841 LEMA COURT Add VP BARBARA FAULKNER NEW PORT RICHEY, FL Remove GEORGE KARALIS 2070 NORTH POINTE ALEXIS . Add Remove TARPON SPRINGS, FL. 34689 E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an 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)

Th	e date of each amendmen	t(s) adoption: 01/15/2009	
Eff	fective date <u>if applicable</u> :	03/01/09	
	<u> шрришиле</u> .	(no more than 90 days after amendment file date)	
Ad	option of Amendment(s)	(CHECK ONE)	
Ø		ere adopted by the shareholders. The number of votes cast for the amendr were sufficient for approval.	nent(s)
		ere approved by the shareholders through voting groups. The following st led 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)	
	action was not required.	ere adopted by the board of directors without shareholder action and share	
_	The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and sharehold	ler
	Dated	3/14/2009	
	Signature _	Joh J. Foulkm	 ,
	sel	y a director, president or other officer – if directors or officers have not be exted, by an incorporator – if in the hands of a receiver, trustee, or other opointed fiduciary by that fiduciary)	
			1 (1976 - s)
	·	JOHN T. FAULKNER	
	6 1 1 1	(Typed or printed name of person signing)	
•		President	
		(Title of person signing)	