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AJR. 1 16/09

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: $Rope P$	AY INC.	
DOCUMENT NUMBER: POS 000	080031	
The enclosed Articles of Amendment and fee	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
ROBERT GRE	A SON of Contact Person)	<u></u>
RORAY INC	irm/ Company)	<del>arania de la constancia</del> de la constancia de la constanc
4226 7978	STREET (Address)	
VERO BEACH, (City/S	FLORIDA 329 State and Zip Code)	767
For further information concerning this matter,	, please call:	
ROBERT GREASON (Name of Contact Person)	at (772) 32/ (Area Code & Daytime	7-1237 Telephone Number)
Enclosed is a check for the following amount n	nade payable to the Florida Dep	artment of State:
\$35 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 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 Cir Tallahassee, FL 32301	rele

## Articles of Amendment

to Articles of Incorporation

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Name of Corporation as currently filed with the Floridal Dept. of STATE

POSOOOS OO31

(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:

	MIA
acorporated" or the abbreviation "Corp.," ".	l contain the word "corporation," "company," or Inc.," or Co.," or the designation "Corp," "Inc," or must contain the word "chartered," "professional
Enter new principal office address, if applic	cable: $MA$
rincipal office address <u>MUST BE A STREET</u>	ADDRESS) MA
	eable: ADDRESS)  M/A  M/A
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX) N/A
	NA
new registered agent and/or the new register  Name of New Registered Agent:	
	M/A.
New Registered Office Address:	(Florida street address)
-	(City), Florida (Zip Code)
ew Registered Agent's Signature, if changing	,
ereby accept the appointment as registered a sition.	gent. I am familiar with and accept the obligations
	nature 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)

Tit	<u>le</u>	<u>Name</u>		<u>Address</u>		Type o	of Action
V R	ESIDE	RONNA (	GREASON	4226 VERO	79 T#57. BEACH, Fl. 32967	Ac Re	id emove
		<u> </u>				□ Ad □ Re	
						□ Ac	
			nal Articles, enter consumption (Be specific				
F.	provisions f	lment provides for or implementing the oplicable, indicate N	an exchange, recia he amendment if no I/A)	ssification, or cost contained in t	ancellation of issue	ed sha elf:	res.

The date of each amendment(s) adoption:		
Effective date <u>if applicable</u> :	(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(s) ere 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)	
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder	
<del></del>	11111111 1111	
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 cointed fiduciary by that fiduciary)	
	ROBERT GREASON  (Typed or printed name of person signing)	
	PRESIDENT. (Title of person signing)	