Electronic Filing Cover Sheet

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(((H08000261290 3)))



H080002612903ABC

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Tc:

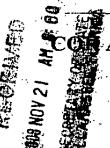
Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LICENSES ETC INC Account Number : 120070000159 Phone : (239)777-1028

Fax Number : (877)275-3593



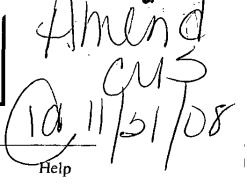
AMND/RESTATE/CORRECT OR O/D RESIG

WILD E. COYOTE A/C, INC.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 . |
| Page Count | 05 |
| Estimated Charge | \$43.75 |

Electronic Filing Menu

Corporate Filing Menu



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Wild E. Coyote A/C, Inc. | | | | |
|--|--|---|---|--|
| DOCUMENT NUMBER: <u>P08000081089</u> | | | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | | | |
| Please return all co | rrespondence concerning thi | is matter to the following: | | |
| , | | Chrissi Jackson of Contact Person) | | |
| | | Licenses Etc., Inc. | | |
| | (Fi | rm/ Company) | | |
| | | Collier Blvd. #201-300 (Address) | <u>:</u> | |
| .— | | aples, FL 34119 tate and Zip Code) | · | |
| For further informa | tion concerning this matter, | please call: | | |
| Chrissi Jackson (Name | of Contact Person) | at (239) 777-10 (Area Code & Daytin | 28 me Telephone Number) | |
| Enclosed is a check | for the following amount m | nade payable to the Florida D | epartment of State: | |
| \$35 Filing Fee | ✓ \$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 Ad Amendmen Division of P.O. Box 63 Tallahassee | t Section Corporations 227 | Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | | |

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Articles of Amendment to Articles of Incorporation

| (| of | , | | |
|---|--|-------------------------------|--|--|
| | Coyote A/C, Inc. | of State) | | |
| <u> </u> | | OI STATE | | |
| | 000081089 uber 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 as "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A." | "Inc.," or Co.," or the designat | tion "Corp," "Inc," or | | |
| B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u> | licable: TADDRESS) | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) | CE BOX) | | | |
| • | | | | |
| D. If amending the registered agent and/or renew registered agent and/or the new registered. | | a, enter the name of the | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | (Florida street address) | | | |
| - | (City) | , Florida (Zip Code) | | |
| New Registered Agent's Signature, if changin I hereby accept the appointment as registered position. | g Registered Agent: agent. I am familiar with and | accept the obligations of the | | |
| Si | ignature of New Registered Agent, | if changing . | | |
| | Page 1 of 3 | | | |

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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)

| <u>Title</u> | Name | Address | Type of Action |
|---------------|--|--|----------------|
| <u>P</u> | Richard J. McAfee | 17410 Williamsburg Drive N. Ft. Myers, FL 33917 | |
| VP | James Williamson | 6656 Hartland Street Fort Myers, FL 33966 | Add Remove |
| <u>T</u> | Ralph Novella | 8770 King Lear Ct Fort Myers, Ft. 33908 | |
| E. If amer | nding or adding additional Articles additional sheets, if necessary). (B | enter change(s) here: le specific) | |
| | · | | |
| | | | |
| F. If an a | imendment provides for an exchan | ge, reclassification, or cancellation of | issued shares, |
| provis (if | ions for implementing the amendn not applicable, indicate N/A) | nent if not contained in the amendme | nt itself: |
| | | | |
| | | | |
| | | Page 2 of 3 | |

| | |
|--|---|
| 108000261290 3 | , |
| The date of each amendment | (s) adoption: <u>11/20/2008</u> |
| 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(s) are sufficient for approval. |
| The amendment(s) was/we must be separately provide | 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) |
| 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 and shareholder |
| Dated | 11.20.08 |
| Signature_ | |
| sele | a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary) |
| | Raiph Novelia |
| | (Typed or printed name of person signing) |
| | Treasurer |
| | (Title of person signing) |

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