## P08000086958

| (Re                                     | questor's Name)    |           |
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SECRETARY OF STATE
TALLAHASSEE, FLORID

N.C.
C.COULLIETTE

OCT 312008

**EXAMINER** 

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

|                      | a. 1  |  |  |
|----------------------|---|--|--|
| NAME OF CORP         | poration: Ye law                            | Steipe Consu   | Hing Corp  |
| DOCUMENT NU          | mber: <u>P080</u>                           | 00086958   | hadron and the second and all th |
| The enclosed Artic   | les of Amendment and fee a                  | re submitted for filing.   |  |
| Please return all co | rrespondence concerning thi                 | is matter to the following:                                      |  |
|                      | Jania                                       | of Contact Person)   | nlce   |
|                      | Yellow Stri                                 | pe Consulting Company)   | y Curp   |
| <del></del>          | 13037                                       | LONG Pin   | e Trail  |
|                      | Clev<br>(City/S                             | mont FL<br>tate and Zip Code)                                    | 34711  |
| For further informa  | ation concerning this matter,               | please call:   |  |
| (Name                | M SWANLO<br>e of Contact Person)            | at (407) 34<br>(Area Code & Day                                  | time Telephone Number)   |
| Enclosed is a check  | c for the following amount n                | nade payable to the Florida                                      | Department of State:   |
| \$35 Filing Fee      | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed)  |
| Mailing Ac           | idress                                      | Street Address   |  |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment**

to

## Articles of Incorporation of

| 1/11.00  | A 11                               | · /                    |
|--|------------------------------------|------------------------|
| Ve low stelle  | Consult.                           | mg corp                |
| (Name of Corporation as currently filed with the   | he Florida Dept, of State          | ) / '                  |
| , 5080000 8  | 16058                              |                        |
| (Document Number of Corporation  | on (if known)                      |                        |
|  |                                    |                        |
| Pursuant to the provisions of section 607.1006, Florida Statute following amendment(s) to its Articles of Incorporation:       | es, this <i>Florida Profit C</i> e | orporation adopts the  |
| Tonowing amendment(s) to its Articles of incorporation.  |                                    |                        |
| A.) If amending name, enter the new name of the corporation  | <u>:</u>                           | ·                      |
| Conter Quest Cons  | altina Cov                         | poration               |
| The new name must be distinguishable and contain the   | word "corporation."                | "company," or          |
| "incorporated" or the abbreviation "Corp.," "Inc.," or Co.,  | " or the designation "Co           | orp," "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:  |                                    | 7. ·                   |
| (Principal office address MUST BE A STREET ADDRESS)  |                                    | <u> </u>               |
|  |                                    | <u></u>                |
|  | 1414                               | ASA T                  |
|  |                                    | - <del> </del>         |
| C. Enter new mailing address, if applicable:   | 1                                  | mo a                   |
| (Mailing address MAY BE A POST OFFICE BOX)   | NA                                 |                        |
|  | •                                  |                        |
| -  |                                    | क्रांत क               |
|  |                                    |                        |
|  |                                    |                        |
| D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office addresses |                                    | the name of the        |
| new registered agent and/or the new registered office add.   | 1,000.                             |                        |
| Name of New Registered Agent:  |                                    |                        |
|  | NH                                 | •                      |
| New Registered Office Address: (Floria   | la street address)                 |                        |
|  |                                    |                        |
|  | <b>.</b>                           | Florida                |
|  | (City)                             | (Zip Code)             |
| New Registered Agent's Signature, if changing Registered Ag  | ent:                               |                        |
| I hereby accept the appointment as registered agent. I am fa   |                                    | the obligations of the |
| position.  |                                    |                        |
|  |                                    |                        |
| Signature of New I   | Registered Agent, if chang         | ring                   |

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 Address **Type of Action** Name ☐ Add □ Remove ☐ Add ■ Remove ☐ Add ☐ Remove 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)

Ć,

| The date of each-amendment(s) ad                                  | loption: 10 14/08  |
|---|--|
| Effective date <u>if applicable</u> : (no i                       | more than 90 days after amenament file date)   |
| Adoption of Amendment(s)  | (CHECK ONE)  |
| The amendment(s) was/were add<br>by the shareholders was/were sur | opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.  |
|   | proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):   |
| "The number of votes cast for                                     | or the amendment(s) was/were sufficient for approval   |
| by(votin  | ng group)  |
| The amendment(s) was/were add action was not required.            | opted by the board of directors without shareholder action and shareholder   |
| The amendment(s) was/were ado action was not required.            | opted by the incorporators without shareholder action and shareholder  |
| Dated   | 10/4/08  |
| Signature(By a directed,  | ector, president or other officer – if directors or officers have not been<br>by an incorporator – if in the hands of a receiver, trustee, or other court<br>if fiduciary by that fiduciary) |
| . —   | Tanic R. Swaw- (Typed or printed name of person signing)   |
|   | President  |