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ECRETARY OF STATE
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COYER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: MESA SOUTH ENTERPRISES INC DOCUMENT NUMBER: <u>P080009//42</u> The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: WANNIE LEE For further information concerning this matter, please call: Name of Contact Person at (386) 365-8194

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee ☐ \$43.75 Filing Fee & □ \$52.50 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Street Address Mailing Address** Amendment Section Amendment Section **Division of Corporations Division of Corporations**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2011

WANNIE LEE MESA SOUTH ENTERPRISES INC P O BOX 68 MCALPIN, FL 32062

SUBJECT: MESA SOUTH ENTERPRISES INC.

Ref. Number: P08000091142

We have received your document for MESA SOUTH ENTERPRISES 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

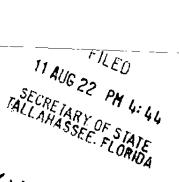
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 311A00018216

Articles of Amendment to Articles of Incorporation of



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MESA SOUTH E	WITERPRISES	The.	~
MESA SOUTH ET	ently filed with the Florid	a Dept. of State)	
P08000091142			
(Document Num	nber of Corporation (if kno	wn)	
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Fi	orida Profit Corporation adopts th	e following
A. If amending name, enter the new name of	f the corporation:		
name must be distinguishable and contain tabbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "Corp," "Inc	"company," or "incorporated" o " or "Co". A professional corpor	new r the ation
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 OFFIC			
D. If amending the registered agent and/or ronew registered agent and/or the new regis	egistered office address in tered office address:	Florida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ac	ddress)	
-	(0:1)	, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changin	g Registered Agent:		
hereby accept the appointment as registered as	gent. I am familiar with ar	nd accept the obligations of the posit	ion.

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)

<u>Ti</u>	<u>tle</u>	Name	Address	Type of Action
1	<u> </u>	VEDA PRUITT	7075W NURSERY BD LAKECITY FL 320	☐ Add Remove
P <u>.</u>	<i>5,T</i>	WANNIE LEE	118 S E Elergreen PR City FL 320	Add Remove
				☐ Add ☐ Remove
		·		
		or adding additional Articles, enter clional sheets, if necessary). (Be specific		
	<u>-</u> .—			
	<u> </u>			
F.		dment provides for an exchange, recla		
		for implementing the amendment if no pplicable, indicate N/A)	t contained in the amendment it	<u>seii:</u>
				
	 			

The date of each amendment	(s) adoption: 7-29-11
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer 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 d 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)
The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/wer action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated 8-	
	a director, president or other officer – if directors or officers have not been
selec	cted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	DR ISINGST
	(Title of person signing)