## P08000096104

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: _	ANTARES	PROPER	MES, IN	<u>C.</u>
DOCUMENT NUMBER:	P080000	96104		<del></del>
The enclosed Articles of Amenda	nent and fee are sul	bmitted for filing.		
Please return all correspondence	concerning this ma	tter to the following	ıg:	
FRAI	NCISCO CA (Name of Con	AVEL ntact Person)		
ANT	ARES PROP	ERNES, INC	<u> </u>	
\$ <i>0</i> 0	ار الالار (Addr	ess)		<del></del>
<u></u> weal	SPRINGS (City/ State an	FL 33071 d Zip Code)		
For further information concerning				
(Name of Contact Person	on)	at ( <u><b>954</b></u> ) _ (Area Code &	341-281 Daytime Telepho	ne Number)
Enclosed is a check for the follow	ving amount made p	payable to the Flo	rida Departmen	t of State:
\$35 Filing Fee \$43.75 Fil Certificate	ing Fee & [ e of Status	\$43.75 Filing Fee Certified Copy (Additional copy enclosed)	s (	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 Corporation Building 2661 Executive C Tallahassee, FL 3	enter Circle	

## Articles of Amendment to Articles of Incorporation of

## ANTARES PROPERTIES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) POS 00 00 9 6 10 4 (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:

Α.	If amending	name,	enter th	e new	name	of the	corporation	on:

The new name must be distinguishable "incorporated" or the abbreviation "Corp., "Co". A professional corporation na association," or the abbreviation "P.A."	," "Inc.," or Co.,	" or the designation	"Corp," "Inc," or
B. Enter new principal office address, if a (Principal office address MUST BE A STRE			C 18 AMI
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)			1: 52 LORIDA
D. If amending the registered agent and/onew registered agent and/or the new re			nter the name of the
Name of New Registered Agent:			<del></del>
New Registered Office Address:	(Floria	la street address)	<del></del>
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as register position.			ept the obligations of the
_	Signature of New 1	Registered Agent if ch	

<u>Title</u>	Name	Address	Type of Action
ECRETARY	OSCAR CLAVEL	UN. 734 LDPAL SPEINGS, FL35071	Add Remove
			☐ Add ☐ Remove
			_ L Remove
(attach add	ng or adding additional Articles, en litional sheets, if necessary). (Be sp		
(attach ada			
(attach add			
(attach ada			
F. If an am	endment provides for an exchange,		
F. If an am	endment provides for an exchange, is for implementing the amendmen	reclassification, or cancellation of iss	

The date of each amendment	i(s) adoption:	12/1	2008
Effective date if applicable:		12/1	2008
	(no more than 90 c	days after amen	dment file date)
Adoption of Amendment(s)	(СНЕ	CK ONE)	
The amendment(s) was/we by the shareholders was/w			e number of votes cast for the amendment(s)
			ough voting groups. The following statemen vote separately on the amendment(s):
"The number of votes	cast for the amendn	nent(s) was/wer	e sufficient for approval
by	(voting group)	,	<u></u> ."
The amendment(s) was/we action was not required.	re adopted by the bo	oard of directors	without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the in	corporators wit	hout shareholder action and shareholder
Dated	12/15/2000	3 (010)	
Signature (By sele	a director, presiden	at of other office rator – if in the	er – if directors or officers have not been hands of a receiver, trustee, or other court
·	(Type	ZANCIS Code or printed name	ne of person signing)
		PRESIOE (Title of person	