

From: PHOENIX LAW PARTNERS

(239) 461-0083

01/05/2009 17:16

#096 P 001/005

Division of Corporations

Page 1 of 1

P08000104197

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000001338 3)))



H090000013383ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : PHOENIX LAW PARTNERS, P.A.
Account Number : I20030000088
Phone : (239) 461-0024
Fax Number : (239) 461-0083

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JAN -6 PM 12: 23

FILED

COR AMND/RESTATE/CORRECT OR O/D RESIGN

ASSOCIATION RECOVERY SERVICES INC.

Certificate of Status	1
Certified Copy	0
Page Count	4
Estimated Charge	\$43.75

RECEIVED
2009 JAN -6 AM 8: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

N/C

TB

1-6

(((H09000001338 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Association Recovery Services Inc. +

DOCUMENT NUMBER: P08000104197 +

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles PT. Phoenix, Esq.
(Name of Contact Person)

Phoenix Law PA
(Firm/ Company)

12800 University Drive, Suite 260
(Address)

Fort Myers, FL 33907
(City/ State and Zip Code)

For further information concerning this matter, please call:

Debbie Miller at (239) 461-0101
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H09000001338 3)))

(((H09000001338 3)))

Articles of Amendment
to
Articles of Incorporation
of

Association Recovery Services Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P08000104197

(Document Number of Corporation (if known))

FILED
2009 JAN -6 PM 12:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Association Recovery Inc.

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "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:
(Principal office address MUST BE A STREET ADDRESS)

N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:N/ANew Registered Office Address:(Florida street address)(City)Florida(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(((H09000001338 3)))

(((H09000001338 3)))

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)
N/A

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)

N/A

(((H09000001338 3)))

(((H09000001338 3)))

The date of each amendment(s) adoption: 5 January 2009Effective date if applicable:(no more than 90 days after amendment file date)

Adoption of Amendment(s)

(CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided 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)

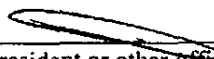
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

5 January 2009

Signature



(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)

Charles PT Phoenix, Esq.

(Typed or printed name of person signing)

Incorporator

(Title of person signing)

(((H09000001338 3)))