

P08000109516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

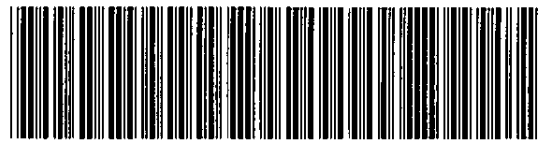
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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09 APR 17 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 17 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2009

DEAD TROUSERS, INC.
777 PIEDMONT WEKIWA
APOPKA, FL 32703

SUBJECT: DEAD TROUSERS, INC.
Ref. Number: P08000109516

We have received your document for DEAD TROUSERS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The incorporator(s) cannot be amended or changed. Please correct your document accordingly. *section Article VI (only change)*

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: 209A00010211

RECEIVED
2009 APR 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Dead Trousers, Inc. ■

DOCUMENT NUMBER: P08000109516 ■

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

Dead Trousers, Inc.
(Firm/ Company)

777 Piedmont Wekiwa
(Address)

Apopka, FL 32703
(City/ State and Zip Code)

For further information concerning this matter, please call:

Alan Czerkies at (407) 232-5865
(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

Articles of Amendment
to
Articles of Incorporation
of

FILED
09 APR 17 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dead Trousers, Inc.

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

P08000109516

(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:

A. If amending name, enter the new name of the corporation:

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)

777 Piedmont Wekiwa Road

Wekiwa

Apopka, Florida 32703

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

777 Piedmont Wekiwa Road

Wekiwa

Apopka, FL 32703

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:

Postergiant

New Registered Office Address:

777 Piedmont Wekiwa Road

(Florida street address)

Apopka

(City)

Florida 32703

(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.

X
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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>CEO</u>	<u>Alan Czerkies</u>	<u>5620 Votaw Rd</u> <u>Apopka, FL 32703</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>CEO</u>	<u>Postergiant</u>	<u>777 Piedmont</u> <u>Wekiva Rd.</u> <u>Apopka FL 32703</u>	<input checked="" 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)

Article VII The Initial officers) and/or ~~directors~~ of the
Corporation is/are:

Remove: Title: CEO Alan Czerkies 5620 Votaw Road Apopka, FL 32703
Add: Postergiant 777 Piedmont Wekiva Rd, Apopka, FL 32703

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

The date of each amendment(s) adoption: 3-20-09

Effective date if applicable: March 20, 2009

(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 3/16/09

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)

Alan Czerkies
(Typed or printed name of person signing)

OFFICER / CEO
(Title of person signing)