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(((H09000010742 3)))



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Fax Number

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* HAROLD A REDWOOD CPA PA

Account Name Account Number : 120040000098

Fax Number

: (813)936-8518

COR AMND/RESTATE/CORRECT OR O/D RESIGN

TOM SAPALA CONSULTING INC

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PAGE 001/001 Florida Dept of State

January 22, 2009

FLORIDA DEPARTMENT OF STATE Division of Corporations

TOM SAPALA CONSULTING INC 109 NOTTINGHAM DR E SAINT JOHNS, FL 32259US

SUBJECT: TOM SAPALA CONSULTING INC

REF: P09000004154

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

The required electronic filing cover sheet was not submitted with the document. Please resubmit the document with the electronic filing cover sheet.

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If you have any questions concerning the filing of your document, please calî (850) 245-6925.

Teresa Brown Regulatory Specialist II

FAX Aud. #: H09000010742 Letter Number: 709A00002398

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			Articles of Incorpora	ition	TALICRETA	AM 9: 2	
			of		AHASE?	VOF 2 30	
•		Tor	n Sanala Concultin	a inc	-361	OF STATE OF STATE ORIDA	
	(Niama		n Sapala Consultings currently filed with the		nt of State)	- BURIDA	
	Garner	3 Of Corporation	ar currently men with th	E LULIUM DE	Trot State)		
			P09000004154		_	B70	
•	<u>-</u>	(Docum	ent Number of Corporatio	n (if known)			
"incorpor	ated" or th A profes:	ie abbroviation " sional corporatio	hable and contain the Corp.," "Inc.," or Co.," on name must contain	or the desig	nation "Corp,"	"Inc," or	
associatio	n." or the i	anoreviation P.A	-				
association B. Enter	new princi	pal office address					
association B. Enter (Principal) C. Enter	new princi office addi	pal office address	s, if applicable: STREET ADDRESS) collected:				
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New Registered Office Address:

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.

Saint Johns

109 Nottingham Dr E

Signature of New Registered Agent, if changing

(Florida street address)

(City)

, Florida 32259

(Zip Code)

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<u>If amendi</u>	ng the Officers and/or Directors, en	ter the title and name of each	officer/director_being
removed a	and title, name, and address of each	Officer and/or Director being	g added:
(Attach ad	ditional sheets, if necessary)		
<u> Title</u>	Name	Address	Type of Action
		<u> </u>	
			D Add
			Remove
			🗖 Add
			Remove

		·	
provisi	mendment provides for an exchang lons for implementing the amendment to tapplicable, indicate N/A)	e, reclassification, or cancella ent if not contained in the ame	tion of issued shares, endment itself:
Notes	······································	····	

Page 2 of 3

The date of each amendmen	t(s) adoption: 01/15/09
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	ere approved by the sharcholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):
	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated	V1/22/09
(B)	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court minted fiduciary by that fiduciary)
	Tom W Sapala
	(Typed or printed name of person signing)
	(Title of person signing)
	(Title of person signing)

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