

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

: (800)494-3124 Phone

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## AMND/RESTATE/CORRECT OR O/D RESIGN

## SCORPION UNIFORM CONSULTING, INC.

Certificate of Status	0
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#### Articles of Amendment to Articles of Incorporation of

# SCORPION UNIFORM CONSULTING, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P0900004284 (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: BRILLIANTSEE, 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 ussociation," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Florida street address) Florida\_ (Zip Code) (City)

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

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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)

Tit	<u>Name</u>	Address	Type of Action
		·	
			☐ Remove
			Add Remove
_			Add
			☐ Remove
E.	If amending or adding additions	al Articles, enter change(s) here:	
	(attach additional sheets, if necess	ary). (Be specific)	
			<del></del>
_	· · · · · · · · · · · · · · · · · · ·	·	
F.	If an amendment provides for a	an exchange, reclassification, or cano	ellation of issued shares,
	provisions for implementing the	e amendment if not contained in the	amendment itself:
	(if not applicable, indicate N/	(A)	

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The date of each amendment(s) adoption: 8/21/2009	
Effective date if applicable:  (no more than 90 days after amendment file date)	· <del>· · · ·</del>
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amby the shareholders was/were sufficient for approval.	endment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
The number of votes cast for the amendment(s) was were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and s action was not required.	hareholder
The amendment(s) was/were adopted by the incorporators without shareholder action and share action was not required.	holder
Dated 8/21/2009 Signature Let MM Ille	
(By a director, president or other officer - if directors or officers have no selected, by an incorporator - if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	ici court
ANITA M MCFADDEN	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	