

P090000/2790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

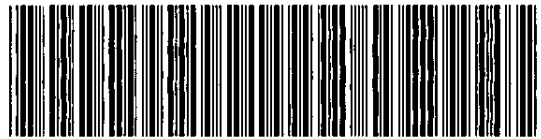
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/09/09--01018--020 **35.00

FILED
09 APR -9 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment
04/14/09
Dc

CONSOLIDATED TAX & ACCOUNTING INC

23389 MCCANDLESS AVE.

PORT CHARLOTTE, FL 33980

941-627-8018 941-766-7197 FAX

FAX COVER SHEET

DATE: APRIL 6, 2009 FAX #: 407-302-4110

TO: TONY

PAGES: 5

RE: MY WAY HEATHROW

PLEASE SIGN PAGE 3 OF 3.

MAKE A CHECK PAYABLE TO FLORIDA DEPARTMENT OF
STATE IN THE AMOUNT OF \$35.00. IN THE MEMO WRITE
PO9000012790.

MAIL ALL 4 PAGES & CHECK TO:
AMENDMENT SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT ME.

THANK YOU
DIANE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MY WAY HEATHROW INC ■

DOCUMENT NUMBER: P09000012790 ■

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

Please return all correspondence concerning this matter to the following:

ANTHONY PANZINO
(Name of Contact Person)

MY WAY HEATHROW INC
(Firm/ Company)

373 GORDON ST
(Address)

SANFORD FL 32771
(City/ State and Zip Code)

For further information concerning this matter, please call:

ANTHONY PANZINO at (407) 383-6084
(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 checked="" type="checkbox"/> \$35 Filing Fee | <input 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**

MY WAY HEATHROW INC.

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

P09000012790

(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:

N/A

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)

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:

DIANE ROOSE

New Registered Office Address:

23389 MCCANDLESS AVE

(Florida street address)

PORT CHARLOTTE

(City)

Florida 33980

(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

09 APR - 9 AM 9:12
SECRETARY OF STATE
ALLAHACREE FLORIDA

FILED

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>PRES</u>	<u>PETER KOKINS</u>	<u>3558 TERRA OAKS CT</u> <u>LONGWOOD FL 32746</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P.V.P.</u>	<u>ANTHONY PANZINO</u>	<u>373 GORDON ST</u> <u>SANFORD FL 32771</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

II. If amending or adding additional Articles, enter changes here:
(attach additional sheets, if necessary). (Be specific)

N/A

V. 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: APRIL 6, 2009

Effective 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 _____."

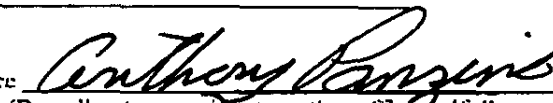
(voting group)

☐ 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 APRIL 6, 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)

ANTHONY PANZINO

(Typed or printed name of person signing)

PRES

(Title of person signing)