P09000015050

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2009 JUL 17 PM 1: 24
SECRETARY OF STATE

Amend

JUL 2 1 2009

COVER LETTER

TO: Amendment Section Division of Corporations	er 👳
NAME OF CORPORATION: Two Pos	
DOCUMENT NUMBER: P090000	015050
The enclosed Articles of Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning this matte	r to the following:
Richard Loc Name of C	ontact Person
Two Post St	ERUICES Company
570 East A	Hall Rd Idress
Merritt Is/	and FL 32953 and Zip Code
E-mail address: (to be used for futu	✓ @ MSN. COM re annual report notification)
For further information concerning this matter, please	call:
Richard Loucks at Name of Contact Person	(321) 720-1987
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pay	vable to the Florida Department of State:
Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Amendment Section An Division of Corporations Division of Corporations P.O. Box 6327 Cl Tallahassee, FL 32314 26	reet Address mendment Section vision of Corporations ifton Building 61 Executive Center Circle allahassee, FL 32301

Articles of Amendment Articles of Incorporation of Two Post Services Two. (Name of Corporation as currently filed with the Florida Dept. of State) Pogo 15050 (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:

amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc	," or "Co". A professional corporal
B. Enter new principal office address, if app (Principal office address <u>MUST BE A STREE</u>		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		
D. If amending the registered agent and/or new registered agent and/or the new regi	•	n Florida, enter the name of the
	•	n Florida, enter the name of the
new registered agent and/or the new regi	•	
Name of New Registered Agent:	stered office address:	

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>	Type of Action
President	Richard Loucks	570 East Hall Rd m.I. FL 32953	Add Remove
Director	Sandra Loucks	570 East Hall Rd M.I. FL 32953	☐ Add ☐ Remove
Secretary	Marsha Loucks	570 East Hall Rd M.I. FL 32953	Add Remove
	ng or adding additional Articles, enter ditional sheets, if necessary). (Be specif		
provision	endment provides for an exchange, reclassions for implementing the amendment if reclassions in the amendment if reclassions in the same of		

The date of each amendment	
Effective date if applicable:	(date of adoption is required)
Effective date it applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement of 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
DatedSignature(By	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
арро	inted fiduciary by that fiduciary) Richard F. Loucks (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	(Title of person signing) Prosiple.