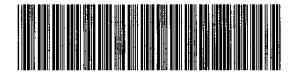
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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION:	L. Cosgrove; P	. A
DOCUMENT NUMBER: P09000	072909	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this r	natter to the following:	
Terri	L. Cosgrove ne of Contact Person	
Terri_	L. COSGrove P.A.	•
2 au Va	Jentino Ct.	
	Florida 33837 State and Zip Code	
E-mail address: (to be used for	6 m Ve 31 @ VA/mor future annual report notification)	<u>o. 60</u> m
For further information concerning this matter, ple	ease call:	
Terri L. Cosgrove Name of Contact Person	at (239) 404 - Area Code & Daytime Tele	8539 ephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Depart	ment of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$\ \text{\$\ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)}	\$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	P

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation
of
Name of Corporation as currently filed with the Florida Dept. of State Corporation (Document Number of Corporation (if known)
(Name of Corporation as currently filed with the Plorida Dept. of State)
P09000022909 LLAHASSEF OF STO
(Document Number of Corporation (if known) $\frac{1}{FLOR/DA}$
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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)
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
D. <u>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:</u>
Name of New Registered Agent:
New Registered Office Address: (Florida street address)
, Florida (City) (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

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	enter change(s) here: specific) SF Bissiness Dusiness to H nal Services for nagement cons ex reclassification, or cancella nt if not contained in the amo

he date of each amendment(s) adoption: January 1, 2010	
(date of adoption is required)	
(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 by the shareholders was/were sufficient for approval.	ıt(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following state must be separately provided for each voting group entitled to vote separately on the amendment(s):	men
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareho action was not required.	lder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 140	
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 cou appointed fiduciary by that fiduciary)	
Terri L. (DSgrove (Typed or printed name of person signing)	
Director	
(Title of person signing)	