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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend C.COULLIETTE

APR 2 9 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

	•	
NAME OF CORPORATION: Cay Par	rts peal Inc	
DOCUMENT NUMBER: PO90003	101632	
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Maua F OSC (Name of	Contact Person)	
<u>Car Ports De</u>	Cal In C / Company)	
3165 SE 2	nd Divoe	
tbmestead Fi	33033 \ e and Zip Code)	
For further information concerning this matter, pl	lease call:	
Mona F OSOUD. (Name of Contact Person)	at (<u>365</u>) 87 (Area Code & Day	8 248 ytime Telephone Number)
Enclosed is a check for the following amount ma	de payable to the Florida	Department of State:
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$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 Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	er Circle

Articles of Amendment to Articles of Incorporation of

	itly filed with t	he Florida Dept. of S	State)
(Document Numb	per of Corporati	on (if known)	78.50
suant to the provisions of section 607.1006, owing amendment(s) to its Articles of Incorporate		tes, this <i>Florida Pro</i>	fit Corporation adopts
If amending name, enter the new name of t	the corporatio	<u>n:</u>	
new name must be distinguishable and corporated or the abbreviation "Corp.," ' ". A professional corporation name ociation," or the abbreviation "P.A."	Inc.," or Co.	," or the designation	"Corp," "Inc," or
Enter new principal office address, if appli incipal office address <u>MUST BE A STREET</u>			TALE 0
		,	09 APR 2 SECRETA
Enter new mailing address, if applicable:	T DAV		27 A ARY C SSEE
(Mailing address <u>MAY BE A POST OFFIC</u>	<u>E BOX</u>)		9:
			JE AlibA
If amending the registered agent and/or re			enter the name of the
			
new registered agent and/or the new regist Name of New Registered Agent:			<u> </u>
new registered agent and/or the new regist	(Flori	da street address)	

position.

Signature of New Registered Agent, if changing

<u>Title</u>	<u>Name</u>	Address Type of Act
		Add Remove
		Add Remove
		Add Remove
	cle IV	
	number of orited is	shares the Corporation 19 +0 1850-e 15 100
		•
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	NIZED IS 25 000 mendment provides for an excl	•

The date of each amendment(s) adoption: 4-22-09				
Effective date if applicable:				
(n	o more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):			
"The number of votes cas	t for the amendment(s) was/were sufficient for approval			
by				
(vo	oting group)			
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder			
Dated	22-09			
Signature	22-09 Purf			
selecte	lirector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)			
	Mana F DSO LO (Typed or printed name of person signing)			
	(Typed or printed name of person signing)			
	President			
_	(Title of person signing)			