## P0900032108

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
:				
<u> </u>				

Office Use Only



900183642339

name Charge

08/02/10--01007--026 \*\*43.75

FILED
2010 AUG -2 TH 1: 06
SECRETARY OF STATE
SECRETARY OF STATE

BOR 8/4/10

## **COVER LETTER**

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: City/ State and Zip Code For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$52.50 Filing Fee **▼**\$43.75 Filing Fee & ☐ \$43.75 Filing Fee & □\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section **Division of Corporations** Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

FILED

Lifetime	Thouse adjuster it	ZUIU AUG -2 PH 1:07
(Name of Corporation as c	urrently filed with the florida Dept. of Si	secretary of stare
P 09 000	>0 3 & 1 6 R	SECRETARY OF STATE TALLAHASSEE FLORID
(Document	Number of Corporation (if known)	•
	1006, Florida Statutes, this Florida Profit	Corporation adopts the followi
amendment(s) to its Articles of Incorporation	on:	
A. If amending name, enter the new nam	ne of the corporation:	
	Laim Consultants In	, 
	ain the word "corporation," "company,"	The new ''incorporated'' or the
abbreviation "Corp.," "Inc.," or Co.," or	r the designation "Corp," "Inc," or "Co". "professional association," or the abbrevia	A professional corporation 🔄
(Principal office address MUST BE A ST		<u>,                                    </u>
		•
*	· · · · · · · · · · · · · · · · · · ·	
C. Enter new mailing address, if application	able:	
(Mailing address MAY BE A POST O	FFICE BOX)	•
D. If amending the registered agent and new registered agent and/or the new	or registered office address in Florida, et	nter 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)	<del></del>
		- ;;, Florida
	(City) (Z	Zip Code)
New Registered Agent's Signature, if cha	anging Registered Agent:	
I hereby accept the appointment as register	red agent. I am familiar with and accept th	e obligations of the position.
·.·	•	• ,
	Signature of New Registered Agent, if cl	hanging
	and the state of t	

If amendi	ng the Officers and and title, name, an	dodress of or	enter the ti	tle and name	e of each office	r/director being
(Attach ad	ditional sheets, if n	ecessary)	ich Omcer	and/or Direc	tor peing adde	<u>:a:</u>
	`-			****		
<u>Title</u>	<u>Name</u>		_	Address		Type of Action
رسي چې	The second of the second			•		🗖 Add
			<del>-</del> -			Remove
	•		•			<del></del>
					-	□ Add
. *			· · · · · · · · · · · · · · · · · · ·			Remove
-						
	•					m Ádd
			<del></del> .			
	*		•			
						_
E If amer	nding or adding ad	ditional Articl	oc antar oh	ango(s) haya		
	additional sheets, if					
	······	* ′				
0~	and All	r'no'c -	. 0	Out	0.5	djusting
_ <u> </u>	iera pu	pose	<u> </u>	Juo	ne u	2/usine
<u>S</u>	ervice					)
	-			•		
		<del></del>			<del></del>	
		<del></del>				
			<del></del> _			•
. * * *						
•				··- · · · ·		
					:	
F. If an a	mendment provid ions for implemen	es for an excha	inge, reclas	<u>sification, or</u>	cancellation o	f issued shares.
, <u>provis</u> , (if	not applicable, indi	cate N/A)	illeni <u>li no</u> i	. contained ii	i the amenume	mt itsen:
						••
<u> </u>				<u> </u>		<u>i -                                     </u>
						· · · · · · · · · · · · · · · · · · ·
						<u> </u>
					·	<u> </u>
						-
			<u>ringa yan</u> Nganasa			
				· .		

The date of each amendment(	s) adoption:
Effective date <u>if applicable</u> :	(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 by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	ast for the amendment(s) was/were sufficient for approval
by	35
action was not required.  The amendment(s) was/were	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated	-29-10-
Signature	Jicholas P. Jaille
	director, president or other officer - if directors or officers have not been
	eted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
•	Nicholas S. Saulle
e e e e e e e e e e e e e e e e e e e	(Typed or printed name of person signing)
	President Duner
	(Title of person signing)