# P09000042555

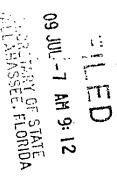
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#### **COVER LETTER**

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: SUA N	Sand Zealty Inc.
DOCUMENT NUMBER: PO900	00042555
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Valencia 7	ichards Hayes ne of Contact Person
	Firm/ Company
120 5. Del	Prodo Blvd Ste I
	FL 33990 State and Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, ple	
Valencia Richards Hay Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount mad	de payable to the Florida Department of State:
\$35 Filing Fee \$\times \text{Certificate of Status}\$	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  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

Articles of incorporation of	FILEN
(Name of Corporation as currently filed with the Florida Dept. of  P0900042555  (Document Number of Corporation (if known)	09 JUL -7 AM 9: 12
(Name of Corporation as currently filed with the Florida Dept. of	State) HI 9: 12
P09000042555	TALLAHASSEE, FLORE
(Document Number of Corporation (if known)	- CORIUA
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Programment(s)</i> to its Articles of Incorporation:	fit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "cornoration" "company	o" or "incorporated" or the

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(DDRESS)	
	· · ·
<i>BOX</i> )	
	·
stared affice address in	Florida enter the name of the
ed office address:	Florida, enter the name of the
	,
	<del></del>
(Florida street ac	Idress)
	, Florida
· · · · · · · · · · · · · · · · · · ·	(Zip Code)
(City)	
	BOX)stered office address in

Signature of New Registered Agent, if changing

## 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)

Title .	<u>Name</u>	Address	Type of Action
S	Gary Light	120 s. Del Prato. Ste 1 Cope Cural FI 339	Add Remove
	ling or adding additional Articles, ent Iditional sheets, if necessary). (Be spe		
<u>provisio</u>	nendment provides for an exchange, roots for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) ac	option: (a) 30) 09	
•	(date of gdoption is required)	
Effective date <u>if applicable</u> :	6/30/08	
(no	nore than 90 days after amendment file date)	
•		
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(ficient for approval.	(s)
	roved by the shareholders through voting groups. The following statements are the shareholders to vote separately on the amendment(s):	ent
"The number of votes cast for	or the amendment(s) was/were sufficient for approval	
by	ng group)	
(voti	g group)	
The amendment(s) was/were add action was not required.	pted by the board of directors without shareholder action and shareholder	er
The amendment(s) was/were add action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	4/30/09	
Signature		
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)	
<u></u>	Brian D. Hayes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	