

PO9000043910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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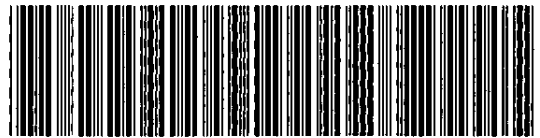
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TREASURY DIVISION

09 DEC 23 AM 9:29

FILED

*Handwritten signature*

D. CONNELL DEC 30 2009

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: BOUNCE N GLOW FUN CENTER, INC

DOCUMENT NUMBER: P09000043910

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

NOEL E. ESCOBAR SR

Name of Contact Person

Firm/ Company

4420 SW 77TH AVENUE

Address

DAVIE,FLORIDA 33328

City/ State and Zip Code

NESCO1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOEL E. ESCOBAR SR

Name of Contact Person

at ( 954 )

474-5425

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made 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 Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

**BOUNCE N GLOW FUN CENTER INC.**

(Name of Corporation as currently filed with the Florida Dept. of State)

**P09000043910**

(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:

**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. 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:**

Name of New Registered Agent

New Registered Office Address:

(Florida street address)

(City)

, Florida  
(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*

**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>                              | <u>Type of Action</u>  |
|--------------|------------------|---|--|
| SECTE        | JAMES OJEDA      | HC01 BOX 455<br>MOORE HAVEN, FL 33471       | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| PRES.        | JOHN M. WILLIAMS | 12551 WALDEN RUN DR.<br>FT. MYERS, FL 33913 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                  |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

**E. If amending or adding additional Articles, enter change(s) here:**  
*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**  
*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: DECEMBER 15, 2009

Effective date if applicable: DECEMBER 15, 2009  
(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(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated DECEMBER 15, 2009

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 court appointed fiduciary by that fiduciary)

SABREENA M. WILLIAMS

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)