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SECRETARY OF STATE
FALLAHASSEE FLORIDA

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: AFFLUENT M	ARKET	ING SERVI	CES II, INC.	
DOCUMENT NUMI	BER: <u>P09000047572</u>				· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee are sub	omitted for	filing.		
Please return all corre	spondence concerning this mat	ter to the f	ollowing:		
	JOHN C.	EIDT, E	SQ (ret)		
	(Name of	Contact P	erson)		
	JOHN	C. EIDT,	INC.		
	(Firm	n/ Compan	y)		
	630 E. PEN	NSYLVA	NIA AVE.		
	(,	Address)	•		
	DELAND,	FLORID	A 32724		
	(City/ Sta	te and Zip	Code)		
	JEIDT E-mail address: (to be use	@cfl.rr.c	com e annual report no	otification)	
For further information	n concerning this matter, pleas	e call:			
JOHN C. EIDT, ES	SQ (ret)	at (	386 ) 822-	-9027	
(Name o	of Contact Person)		(Area Code & D	Daytime Telephone	Number)
Enclosed is a check fo	r the following amount made p	ayable to	the Florida Depart	tment of State:	
☑\$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	Certif	3.75 Filing Fee & ied Copy tional copy is sed)		nal Copy
Ameno Divisio P.O. B	ng Address  Idment Section on of Corporations ox 6327	. · · · ·	Street Address Amendment Section of Corp Clifton Building	tion orations	,

Tallahassee, FL 32301

## **Articles of Amendment**

# **Articles of Incorporation**

#### AFFLUENT MARKETING SERVICES II, INC.

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

### P09000047572

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

N/A	<b>\</b>	
e new name must be distinguishable and contain t breviation "Corp." or "Inc." <mark>"Company" or "Co."</mark>		
Enter new principal office address, if applicable:	300 NORTHS	TAR CT
rincipal office address <u>MUST BE A STREET ADD</u>	SANFORD, F	LORIDA 32771
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	300 NORTHS	TAR CT.
	SANFORD, FL	ORIDA 32771
		a, enter the name of th
Name of New Registered Agent	<u>ffice address:</u> N/A	a, enter the name of the
Name of New Registered Agent:		a, enter the name of the
	N/A	a, enter the name of the
Name of New Registered Agent:	N/A N/A	
Name of New Registered Agent:	N/A N/A (Florida street address)	, Florida N/A (Zip Code)
Name of New Registered Agent:  New Registered Office Address:	N/A  N/A  (Florida street address)  N/A  (City)	 , Florida <b>N/A</b>
Name of New Registered Agent:	N/A  N/A  (Florida street address)  N/A  (City)  stered Agent:	, Florida <mark>N/A</mark> (Zip Code)

# 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>	Type of Action
N/A N/A		<u>N/A</u>	Remove
			Remove
E. If amen (attach a	iding or adding additional Anadditional Anadditional sheets, if necessary,	rticles, enter change(s) here:  (Be specific)	
	· <u>_</u>		

The date of each amendment	(s) adoption: JUNE 5, 2009
Effective date <u>if applicable</u> :	(date of adoption is required)  IMMEDIATE
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/we was/were sufficient for app	re adopted by the members and the number of votes cast for the amendment(s) roval.
There are no members or adopted by the board of dir	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_JUN	E 5, 2009
Signature (By	the chairman or vice chairman of the board, president or other officer-if directors
hav	e not been selected, by an incorporator — if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	ALAN MAYR
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)

Page 3 of 3