Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : ASAP LICENSING SERVICES INC

Account Number: 120090000071
Phone: (877)592-2727

Phone : (877)592-2727 Fax Number : (877)474-1966 SEP 28 PM 2: 39

COR AMND/RESTATE/CORRECT OR O/D RESIGN

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ASAP LICENSING SERVICES, INC.

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To:

September 25, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ASAP LICENSING SERVICES, INC. 11422 28TH STREET CIRCLE EAST PARRISH, FL 34219

SUBJECT: ASAP LICENSING SERVICES, INC.

REF: P09000049563

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The date of adoption of each amendment must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II FAX Aud. #: H09000207471 Letter Number: 709A00031424 From: Leasa Heiman

Fax: +1 (877) 474-1966

To:

Fax: +1 (850) 617-6380

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORP	ORATION:	ASAP Licensing Services	, Inc.		
DOCUMENT NU	MBER:	P09000049563			
The enclosed Artic	les of Amendment and fee ar	e submitted for filing.			
Please return all co	rrespondence concerning this	matter to the following:			
	L. Dawn Miller				
	Na	me of Contact Person			
	ASAP L	icensing Services, Inc.			
		Firm/ Company			
	2719	9 72nd Street Ct W	· · · · · · · · · · · · · · · · · · ·		
		Address			
		denton, FL 34209			
	Cit	ry/ State and Zip Code	·		
	ASAPLicel E-mail address: (to be used	nsing@yahoo.com for future annual report notification)			
For further informa	ition concerning this matter, p	nlesse call·			
Tot latalot intolling	Dawn Miller	at (877) 5	92-2727		
Name	of Contact Person	Area Code & Daytime Te			
Enclosed is a check	t for the following amount ma	ade payable to the Florida Depar	tment 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 Ac Amendmen Division of P.O. Box 63 Tallahassee	t Section Corporations 327	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circ	Ie		

Tallahassee, FL 32301

Fex: +1 (877) 474-1966

Fax: +1 (850) 617-6380

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Articles of Amendment

To:

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	Articles of Incorporation		مان فيد
	of		1975 TO .
ASAP Lic	ensing Servic	es Inc	1960 B
(Name of Corporation as cu			State
(Ivalle of Corporation as co	Heller Mich	the Figure Dent. Of	State)
		. <u> </u>	
(Document N	Number of Corporat	ion (if known)	``?\`
Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation		tes, this Florida Pro	fit Corporation adopts the foll
A. If amending name, enter the new name	e of the cornoratio	in:	•
A. It amending hame, enter the new main	e of the tor por acto	<u>.</u>	
			The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," "	the designation "C professional associ	orp," "Inc," or "Co	". A professional corporation viation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRE		<u> 21 19 12110 Sue</u>	et Gt W
Trucput office mairem <u>most ms.t str</u>	<u>abr noonass</u>)	Bradenton, FI 3	34209
C. Enter new mailing address, if applica (Muiling address MAY BE A POST OF		2719 72nd Stree	et Ct W
		Bradenton, FL 3	34209
D. If amending the registered agent and/onew registered agent and/or the new recommendation and the ne	egistered office ad	dress:	enter the name of the
Name of New Registered Agent: L. Dawn Miller			
	2719 72nd S	Street Ct W	
New Registered Office Address:		ida street address)	
		ŕ	-4
	Bradenton		, Florida 34209
	(City)	1	(Zip Code)
New Registered Agent's Signature, if chan I hereby accept the appointment as registere			the obligations of the position.
-	Signature of New	Registered Agent, if	changing

removed at	g the Officers and/or Di	rectors, enter tr	<u>ie title and name of each of</u> cer and/or Director being a	<u>licer/director being</u> dded:
	itional sheets, if necessar		cer and/or Director being a	uucu.
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From: Leesa Haimar	n Fax: +1 (877) 474-191 e of each amendmen	66 to: t(s) adoption: Thurs	Fax: +1 (850) 617-6380 sday, September 24, 2009	Page 7 of 8 9/28/2009 9:46		
Effective date if applicable		(date of adoption is required) Thursday, September 24, 2009				
Lilegare	cuite il application.		ays after amendment file date)			
Adoption	n of Amendment(s)	(CHEC	K ONE)			
		ere adopted by the sha ere sufficient for appr	reholders. The number of votes roval.	cast for the amendment(s)		
			nareholders through voting group			
			ent(s) was/were sufficient for app	proval		
t	by	(voting group)	, n			
action The a	n was not required.	- '	ard of directors without sharehold or porators without shareholder a			
	Dated					
	(By		or other officer – if directors or ator – if in the hands of a receive			
			L. Dawn Miller			
		(Typed	or printed name of person signing	ng)		
			Vice President			
		(Title of pe	rson signing)			

n: Leesa Heiman Fax: +1 (877) 474-1966	To:	Fax: +1 (850) 617-6380	Page 8 of 8 9/28/2009 9:41
The date of each amendment(s)	adoption:		
	(da	ite of adoption is required)	
Effective date if applicable:	no more than Oil da	s after amendment file date)	
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(v	oting group)		
The amendment(s) was/were	1 4 11 41 1	1 Carlo Land Catherina Change	-13
The amendment(s) was/were action was not required.	adopted by the inco	rporators without shareholder	r action and shareholder
	· ~ ~ ~		
Dated 1 ~ 6	35-09	· · · · ·	
	V=1 100	was blother) :
Signature		117 / MUXX	1
		r other officer - if directors of	
		or - if in the hands of a recei	ver, trustee, or other co
appoir	nted fiduciary by tha	it tidiiciai.X)	
	••		
		L. Dawn Miller	
•	(Typed o	r printed name of person sign	ning)
			= *
	•	Vice President	
	(T): 1 C		
	(Title of pers	on signing)	