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COVER LETTER

TO: Amendment Section 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: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

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		Articles of Inc	ornoration	•	NISION DERVOIS
~		of	or poration	_	09 cm
- WA	WWM	LEAP 1	PRALTY	. Inc.	09 SEP 28 PM L
(<u>Name of C</u>	orporation as c	urrently filed with	the Florida Dept. o	f State)	
	0900	000 50	708		
	(Document	Number of Corporat	ion (if known)		
Pursuant to the provisions amendment(s) to its Article			tes, this <i>Florida Pr</i>	ofit Corporation	adopts the following
A. If amending name, en	ter the new nan	<u>ie of the corporatio</u>	<u>n:</u>		
XIA					The new
name must be distinguish					orated" or the
abbreviation "Corp.," "Inc name must contain the wor					пан согроганоп
B. Enter new principal of			NA		
(Principal office address <u>N</u>	<u>1UST BE A STI</u>	REET ADDRESS)	7 . ()		
					
				·	
C. Enter new mailing ad			0/1		
(Mailing address <u>MAY</u>	BE A POST OF	FFICE BOX)	MA		
D. If amending the regist				, enter the name	of the
new registered agent a	ind/or the new i	registered office ad	dress:		
Name of New Regi	stered Agent:				
		ΛIIh			
New Registered Off	<u>ìce Address</u> :	KFlor	ida street address)		
		/		Clasida	
		(City)		, Florida (Zip Code)	
New Registered Agent's S I hereby accept the appoint				it the obligations	of the position
т негеоу иссері іне арроті	mem us register	eu ageni. I am Jam	шаг жин апа ассер	t the obligations	oj ine 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 remoyed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

<u>Title</u>	Name O va	<u>Address</u>	Type of Action
/ }	Judith Schoma	LER 4512 TUSCA	Add 4244 Remove
	- 		
	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(s) adoption: $\frac{9/2}{2} \frac{2}{\sqrt{9}}$				
Foresting John Stranding House	(date of adoption is required)			
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
	re approved by the shareholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Dated	9/22/09			
sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)			
	BRYON GUENTNEN			
	(Typed or printed name of person signing) 9/27_/09			
	Title of person signing)			