P0900053965.

,
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800185410968

09/24/10--01017--012 **35.00



Ong ofsign

COVER LETTER

TO: Amendment Section

Division of Corporations	•
NAME OF CORPORATION:	DOKED NAMON, INC.
DOCUMENT NUMBER: P09	000053965
The enclosed Articles of Amendment and for	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
A	Name of Contact Person
Hook	ED NATION, INC.
P.6.	BUX 1016 Address BEACH FT 32961-106 City/ State and Zip Code
E-mail address: (to be	Ination of mail com e used for future annuar peport notification)
For further information concerning this mat	ter, please call:
Angela Snow Name of Contact Person	at (<u>472</u>) <u>532-0481</u> Area Code & Daytime Telephone Number
•	nt made payable to the Florida Department of State:
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (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

16.	ot	
(Name of Corporation as curr	ently filed with the Florid	a Dent of State)
(Name of Corporation as curr	ently theu with the Florida	a Dept. of State)
(Document Nur	mber of Corporation (if known	wn)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Fl</i>	lorida Profit Corporation adopts the following
A. If amending name, enter the new name of	of the corporation:	
		The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp," "Inc	"," or "Co". A professional corporation
B. <u>Enter new principal office address, if ap</u> (Principal office address <u>MUST BE A STREI</u>		
	######################################	Jo TALL
		SE SE
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		AIRY SSE
(maning address mart bear of the		TES A D
		0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0. 7. 0.
D. If amending the registered agent and/or new registered agent and/or the new reg		n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street a	address)
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if change		
I hereby accept the appointment as registered	ageni i am jamiliar with a	ina accept the obtigations of the position.
 ,	Signature of New Registered	d 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>	Name	Address	Type of Action
VP.	15NAN DIOSOY	701 ROYAL PALM A VORD PLACIFIE 329160	Add Remove
Mar	TRAY JUFFERITS	4052 DOVER RD JACKSONIUE FI 32164	Add Remove
			☐ Add ☐ Remove
E. <u>If amendi</u>	ing or adding additional Articles, enter	change(s) here:	
(attach add	ditional sheets, if necessary). (Be specij	fic)	
			·
	٠٠٠ - ١٠١٠ - الله الله ١٩٠٠ - ١٩١٠ - ١٩١٠ - ١٩١٠ - ١٩١٠ - ١٩١١ - ١٩١١ - ١٩١١ - ١٩١١ - ١٩١١ - ١٩١١ -		
provisio	nendment provides for an exchange, recount for implementing the amendment if the applicable, indicate N/A)	not contained in the amendment i	
	CINSTEAD OF	CURRENT 100))
	<u> </u>		

The date of each amendment(s)		otion is required	<u>10</u> _{d)}
Effective date <u>if applicable</u> :	no more than 90 days after am	•	•
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were by the shareholders was/were		The number of	votes cast for the amendment(s)
	approved by the shareholders for each voting group entitled		groups. The following statement ely on the amendment(s):
"The number of votes ca	st for the amendment(s) was/w	vere sufficient fe	or approval
by		.,,	
(1	voting group)		
The amendment(s) was/were action was not required.	adopted by the board of direct	ors without sha	reholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators v	without shareho	lder action and shareholder
Dated	9/21/10	_	
select	director, president or other offed, by an incorporator – if in the inted fiduciary by that fiduciary	he hands of a re	
	(Typed oprinted n	A SUO	signing)
	(Title of person signing	SENT	