## P09000074184

| (Re                     | equestor's Name)  | <del>,</del> |
|-------------------------|-------------------|--------------|
| (Ac                     | idress)           | · · · · · ·  |
| (Ac                     | ddress)           |              |
| (Ci                     | ty/State/Zip/Phon | e #)         |
| PICK-UP                 | WAIT              | MAIL .       |
| (Bu                     | usiness Entity Na | me)          |
| (Dr                     | ocument Number    |              |
| (50                     |                   | •            |
| Certified Copies        | _ Certificate     | s of Status  |
| Special Instructions to | Filing Officer:   |              |
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SECRETARY OF STATE

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ADR Aliston

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO          | ORATION:  | KEVIN S. BRIGMAN   | INC.   |
|------------------------|---|--|--|
| DOCUMENT NUM           | ИВЕR:   | P0900007418  | 34   |
| The enclosed Article   | es of Amendment and fee a                       | re submitted for filing.   |  |
| Please return all corr | respondence concerning th                       | is matter to the following:  |  |
| _                      | · · · · · · · · · · · · · · · · · · ·           | KEVIN BRIGMAN  |  |
|                        | ,   | Iame of Contact Person   |  |
| _                      | KEV   | IN S. BRIGMAN INC.   | <u>.</u>   |
|                        |   | Firm/ Company  |  |
|                        | 174   | 17 CAUDEL ROAD   |  |
|                        |   | Address  |  |
| _                      | ORLA  | NDO, FLORIDA 32833   |  |
| -                      | C   | ity/ State and Zip Code  |  |
|                        | tarzan<br>E-mail address: (to be use            | 18526@aol.com d for future annual report notification              | n)   |
| For further informat   | ion concerning this matter,                     | please call:   |  |
| KE                     | VIN BRIGMAN                                     | at ( <u>407</u> )  | 947 2308   |
| Name o                 | f Contact Person                                | Area Code & Daytime  | Telephone Number   |
| Enclosed is a check    | for the following amount n                      | nade payable to the Florida Dep                                    | partment of State:   |
| ☑ \$35 Filing Fee      | □ \$43.75 Filing Fee &<br>Certificate of Status | □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed | S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Add            |   | Street Address   |  |
| Amendment              |   | Amendment Section  | •  |
| Division of (          | •   | Division of Corporations   |  |
| P.O. Box 632           |   | Clifton Building   | ·  |

Tailahassee, FL 32301

## **Articles of Amendment**

|   | to Articles of Incorporation of  | 2009 STOPLED    |
|---|--|-----------------|
|   | KEVIN S. BRIGMAN INC.  | THECON 6 PM     |
|   | (Name of Corporation as currently filed with the Florida Dent, of State) | TAMARY OF S. 12 |
|   | P09000074184   | SEE FLOATE      |
| • | (Document Number of Corporation (if known)                               |                 |

| (Document N   | umber of Corporation (if know | wii)                                       |
|---|-------------------------------|--|
| Pursuant to the provisions of section 607.1 amendment(s) to its Articles of Incorporation                                       |                               | orida Profit Corporation adopts the follo  |
| A. If amending name, enter the new name   | of the corporation:           |  |
| name must be distinguishable and containabbreviation "Corp.," "Inc.," or Co.," or in name must contain the word "chartered," "p | the designation "Ĉorp," "Inc  | ," or "Co". A professional corporation     |
| B. Enter new principal office address, if a (Principal office address MUST BE A STRI  |                               |  |
| C. Enter new mailing address, if applicate (Muiling address MAY BE A POST OF)   |                               |  |
| D. If amending the registered agent and/o<br>new registered agent and/or the new re   |                               | Florida, enter the name of the             |
| Name of New Registered Agent:   |                               |  |
| New Registered Office Address:  | (Florida street a             | ddress)                                    |
|   |                               | , Florida                                  |
|   | (City)                        | (Zip Code)                                 |
| New Registered Agent's Signature, if chan I hereby accept the appointment as registered   |                               | nd 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> ·  | Address      | Type of Action        |
|--------------|--|--------------|-----------------------|
| <del></del>  |  |              | _                     |
|              |  |              | _                     |
|              |  |              | _ □ Add<br>_ □ Remove |
| ARTICLE IV   | g or adding additional Articles, enter<br>tional sheets, if necessary). (Be speci<br>TO BE CHANGED AS FOLLOV<br>OF SHARES FROM 1 SHARE C | ific)<br>VS: | OF STOCK.             |
|              |  |              |                       |
|              |  |              |                       |
|              |  |              |                       |
| provisions   | ndment provides for an exchange, reg<br>s for implementing the amendment if<br>applicable, indicate N/A)                                 |              |                       |
|              |  |              |                       |
|              |  |              |                       |
|              |  |              | ,                     |
|              |  |              |                       |

| The date of each amendmen                        | t(s) adoption: SEPTEMBER 11, 2009   |
|--|---|
| Effective date <u>if applicable</u> :            | SEPTEMBER 11, 2009  |
| , , , , ,  | (no more than 90 days after amendment file date)  |
| Adoption of Amendment(s)                         | (CHECK ONE)   |
| · · · · · · · · · · · · · · · · · · ·            | ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.  |
|  | ere approved by the shareholders through voting groups. The following statement ed 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 KEVIN BRIGM                                   | AN  |
|  | (voting group)  |
| The amendment(s) was/we action was not required. | ere adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/we action was not required. | ere adopted by the incorporators without shareholder action and shareholder   |
| Dated_SEF  | PTEMBER 11, 2009  |
| Signature _                                      | Their Brunn   |
| sel  | y a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary) |
|  | KEVIN BRIGMAN   |
|  | (Typed or printed name of person signing)   |
|  | PRESIDENT   |
|  | (Title of person signing)   |