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(((H09000221288 3)))



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COR AMND/RESTATE/CORRECT OR O/D RESIGN

S.A.R.A. PROPERTIES, INC.

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Fax Server



October 16, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

S.A.R.A. PROPERTIES, INC. 6407 PELICAN DRIVE ST. PETERSBURG, FL 33707

SUBJECT: S.A.R.A. PROPERTIES, INC. REF: P09000077655

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.

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6925.

Teresa Brown Regulatory Specialist II FAX Aud. #: H09000221288 Letter Number: 009A00033147

2009 BCT 19 AM 8: 00 SECRETARY OF STATE TALLAHASSEE. FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

| S.A.R.A. Pi | ROPERTIES, INC. | | 0 |
|--|--|---|-------------|
| (Name of Corporation as curre | ently filed with the Florida | Dept. of State) | 90 |
| P09 | 000077655 | | 3 |
| | nber of Corporation (if know | yn) | (|
| Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation: | | orida Profit Corporation adopts | the fol |
| A. If amending name, enter the new name of | f the corporation: | | |
| name must be distinguishable and contain | | | he nev |
| abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro B. Enter new principal office address, if app (Principal office address MUST BE A STREE) C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE) | fessional association," or i | " or "Co". A professional corp the abbreviation "P.A." | oratio |
| D. If amending the registered agent and/or a new registered agent and/or the new registered Agent. | | Florida, enter the name of the | |
| | | | |
| New Registered Office Address: | (Florida street a | ddress) | |
| | | , Florida | |
| r | (City) | (Zip Code) | |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a | ng Registered Agent: gent. I am familiar with a | nd accept the obligations of the po | sition. |

Page 1 of 3

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)

| Title . | <u>Name</u> | Address | Type of Action |
|---------------------------|--|--|-----------------------|
| P | PETER T. HOFSTRA | 8640 SEMINOLE BOULEVARD SEMINOLE FL 33772 | ☐ Add ☑ Remove |
| P/S | JOHANN KOLLER | 6407 PELICAN DRIVE ST. PETERSBURG, FL 33707 | ☑ Add ☐ Remove |
| VP/T | ROBERT E. GRIFFIN | 6407 PELICAN DRIVE ST. PETERSBURG, FL 33707 | ✓ Add □ Remove |
| E. If amend (attach ad | ling or adding additional Articles, edditional sheets, if necessary). (Be s | nter change(s) here: pecific) | |
| - | | | |
| | | | |
| <u>provisi</u> c | nendment provides for an exchange ons for implementing the amendmen ot applicable, indicate N/A) | , reclassification, or cancellation of iss at if not contained in the amendment i | ued shares. tself: |
| | • | | |
| · | | | |

| 3009/QCT/19/MON 10:18 AM | SEMINOLE TITLE | FAX No. 727 3999790 | P. 005 |
|--|-----------------------------|--|---------------|
| The date of each amendmen | t(s) adoption: SEPTEM | BER 22, 2009 | |
| Effective date if applicable; | SEPTEMBER 22, 20 | of adoption is required) 09 | |
| THE TALL TO BE SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEE SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO SEEN TO SEE SEEN TO | (no more than 90 days a | fter amendment file date) | |
| • | | • | |
| Adoption of Amendment(s) | (CHECK O | NE) | |
| The amendment(s) was/we by the shareholders was/w | | lders. The number of votes cast for the a | mendment(s) |
| | | olders through voting groups. The follow ntitled to vote separately on the amendme | |
| "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. | ere adopted by the board of | f directors without shareholder action and | i shareholder |
| The amendment(s) was/we action was not required. | ere adopted by the incorpor | rators without shareholder action and sha | reholder |
| Dated OC | TOBER 14, 2009 | | |
| Signature_ | | | |
| sel | | ther officer — if directors or officers have - if in the hands of a receiver, trustee, or o duciary) | |
| | .PE | TER T. HOFSTRA | |
| | (Typed or pr | rinted name of person signing) | |
| | | PRESIDENT | _ |
| | (Title of person | signing) | |