P09000083722

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

Office Use Only



400188438924

FILING CANCELLED RETURNED CHECK

12/09/10--01008--023 **35.00

Amid/m

TILED

11 JAN-4 PH 4: 36

11 JAN-4 PH 4: 36

TALLAHASSEE, FLORIDA

Th1-4-4



FLORÍDA DEPARTMENT OF STATE Division of Corporations

December 13, 2010

ROCK-ELIE THOMAS PRIORITY MULTI SERVICES INC 1020 N.E. 129TH STREET STE #1 NORTH MIAMI BEACH, FL 33161

SUBJECT: PRIORITY MULTI SERVICES INC

Ref. Number: P09000083722

We have received your document for PRIORITY MULTI SERVICES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify the exact name of the new corporation in #A. If there is a comma behind Center, please correct your 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

Letter Number: 710A00028804

1/



COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: TRIBERTY MULTISERVICES IN
DOCUMENT NUMBER: # 10000083722
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
LKIEKI J MOJI SERVICES II
1020 N. E. 129th Street, EtE#
Moth Malain Flor 33/6/ City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Contact Person Contact Person Area Code & Daytime Telephone Number Contact Person Conta
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status \$43.75 Filing Fee & Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

FILING CANCELLED RETURNED CHECK

Articles of Incorporation (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent: (Florida street address. New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Page 1 of 3

signature of New Registered Agent, if changing

FILED

11 JAN-4 PM 4: 36

SECRETARY OF STATE
AHASSEE, FLORID.

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Address **Type of Action** <u>Title</u> ✓ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

'If amending the Officers and/or Directors, enter the title and name of each officer/director being

The date of each amendment(s) adoption:
Effective date if applicable: (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 12 - 28 - 2010
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Typed or printed name of person signing) (Typed or printed name of person signing)
Chairman Ithe BOARd (Title of person signing)