

P09000087208

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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10 MAY 19 PM 3:46
DIVISION OF CORPORATIONS
SECRETARY OF STATE

Amend
C.COULLETTE
MAY 19 2010
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAMAR ENTERPRISES, INC.

Name of Corporation

DOCUMENT NUMBER: P09000087208

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY ROSENQUIST

Name of Contact Person

LAMAR ENTERPRISES, INC.

Firm/Company

4787 REED AVENUE

Address

JACKSONVILLE, FL 32257

City/State and Zip Code

LJRAVB@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY ROSENQUIST

Name of Contact Person

at (904) 219-4767

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 17, 2010

May 13, 2010

LARRY ROSENQUIST
LAMAR ENTERPRISES, INC.
4787 REED AVE
JACKSONVILLE, FL 32257

SUBJECT: LAMAR ENTERPRISES, INC.
Ref. Number: P09000087208

We have received your document for LAMAR ENTERPRISES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You cannot file articles of correction for the annual report. You must file an amended annual report if you have already filed the 2010 annual report.

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) 245-6903.

Cheryl Coufflette
Regulatory Specialist II

Letter Number: 910A00012170

RECEIVED
2010 MAY 19 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAMAR ENTERPRISES, INC.

DOCUMENT NUMBER: P09000087208

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY J. ROSENQUIST

Name of Contact Person

LAMAR ENTERPRISES, INC.

Firm/ Company

4787 REED AVENUE

Address

JACKSONVILLE, FL 32257

City/ State and Zip Code

LJRAVB@COMCAST.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY J. ROSENQUIST

Name of Contact Person

at (⁹⁰⁴~~219-471~~) 219-4767
Area Code & Daytime Telephone Number

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

check # 1637
Previously
Submitted

Articles of Amendment
to
Articles of Incorporation
of

LAMAR ENTERPRISES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000087208

(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:

The new 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:

New Registered Office Address:

(Florida street address)

(City)

, Florida
(Zip Code)

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.

Signature of New Registered Agent, if changing

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 19 PM 3:46

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>	<u>Address</u>	<u>Type of Action</u>
<u>PRES</u>	<u>KATHEY B. ROSENQUIST</u>	<u>4787 REED AVENUE</u> <u>JACKSONVILLE, FL 32257</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>PRES</u>	<u>LARRY J. ROSENQUIST</u>	<u>4787 REED AVENUE</u> <u>JACKSONVILLE, FL 32257</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>SEC/T</u> <i>TREA.</i>	<u>LARRY J. ROSENQUIST</u>	<u>4787 REED AVENUE</u> <u>JACKSONVILLE, FL 32257</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> 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)

The date of each amendment(s) adoption: APRIL 10, 2010

Effective date if applicable: APRIL 10, 2010 ^(date of adoption is required)
(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

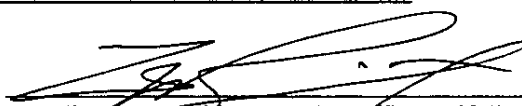
by _____."
(voting group)

☐ 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 MAY 18, 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)

LARRY J. ROSENQUIST

(Typed or printed name of person signing)

SECRETARY / TREASURER

(Title of person signing)