## P09000088561

| (Re                     | questor's Name)    |                                       |
|-------------------------|--------------------|---------------------------------------|
|                         |                    |                                       |
| (Ad                     | dress)             | · · · · · · · · · · · · · · · · · · · |
| •                       |                    |                                       |
| (Ad                     | dress)             |                                       |
| `                       | ,                  |                                       |
| (6)                     | (Cl4-17:(Cl        | -40                                   |
| (Cit                    | ty/State/Zip/Phone | ÷ #)                                  |
| PICK-UP                 | ☐ WAIT             | MAIL                                  |
|                         |                    |                                       |
| (Bu                     | siness Entity Nan  | ne)                                   |
| V                       | •                  | •                                     |
| (D)                     | and a state of     | <u></u>                               |
| (DO                     | cument Number)     |                                       |
|                         |                    |                                       |
| Certified Copies        | _ Certificates     | of Status                             |
|                         |                    |                                       |
| Special Instructions to | Filing Officer     |                                       |
| opoolal moliacions to   | r ming official    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |
|                         |                    |                                       |

Office Use Only



700175104087

04/12/10--01028 --020 \*\*35.00

SECRETARY OF STATE

TANOVE TANOVE

CAN III/V

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| •  |                                    |  |                         |  |     |
|--|------------------------------------|--|-------------------------|--|-----|
| NAME OF CORPORATION:   | LE GAL                             | EAGLE  | PARA                    | LEGALS,  | INC |
| OOCUMENT NUMBER:   | P0 9                               | G000   | 82S6                    | 5/   |     |
| The enclosed Articles of Amenda  | nent and fee are su                | bmitted for filing.  |                         |  |     |
| Please return all correspondence   | concerning this ma                 | tter to the followir   | ng:                     |  |     |
|  | TOSEPH<br>Name o                   | C . SA/RE  | SAL/ <i></i> ハハ         | 2  |     |
| <del></del>  |                                    | AGLE 1401/<br>m/Company  | LAWYE                   | B INC  |     |
|  | 404 N                              | Address  | AUE.                    | NUE  |     |
|  | SATELL<br>City/Si                  | ITE L3EF<br>ate and Zip Code   | 1(H. 1                  | <u> </u>   | ,   |
| E-mail ac  | LESALEA<br>Idress: (to be used for | GLEI WHA   | OUTERS<br>otification)  | <u>(g)</u> EHNI -  | 104 |
| For further information concerning   | ng this matter, pleas              | se call:   |                         |  |     |
| TOSE PH C FARE   |                                    | at ( <u>321</u> )  | フフフー/S<br>Daytime Telep | 230<br>ohone Number  |     |
| Enclosed is a check for the follow   | ving amount made                   | payable to the Flo   | rida Departn            | nent of State:   |     |
| \$35 Filing Fee \$43.75 File Certificate   | ing Fee &<br>e of Status           | \$43.75 Filing Fee<br>Certified Copy<br>(Additional copy is                        |                         | \$52.50 Filing Fee<br>Certificate of Statu<br>Certified Copy<br>(Additional Copy |     |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                                    | Street Address Amendment Secti Division of Corpo Clifton Building 2661 Executive C | orations                |  |     |

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

| Legal Eag  | lie Paralegais, Inc.  |
|--|---|
| (Name of Corporation as curr   | ently filed with the Florida Dept. of State)  |
| · P09  | 9000088561  |
| (Document Nu   | mber of Corporation (if known)  |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation: | 06, Florida Statutes, this Florida Profit Corporation adopts the following  |
| A. If amending name, enter the new name of   | of the corporation:   |
| Legal Ea   | gle Nonlawyers, Inc. The new  |
| abbreviation "Corp.," "Inc.," or Co.," or the  | the word "corporation," "company," or "incorporated" or the e designation "Corp," "Inc," or "Co". A professional corporation of the abbreviation "P.A." |
| B. Enter new principal office address, if ap-  |   |
| Principal office address <u>MUST BE A STRE</u> I   | ET ADDRESS )  |
|  |   |
|  |   |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)              |   |
|  |   |
|  |   |
| D. If amending the registered agent and/or new registered agent and/or the new reg           | registered office address in Florida, enter the name of the istered office address:   |
| Name of New Registered Agent:  | Joseph C. Gargalino, Sr.  |
|  | 404 Norwood Avenue  |
| New Registered Office Address:   | (Florida street address)  |
|  | Satellite Beach , Florida 32937 (City) (Zip Code)   |
| New Registered Agent's Signature, if change I hereby accept the appointment as registered    | ing Registered Agent: agent. I am familiar with and accept the obligations of the position.  Signature of New Registered Agent, if changing             |

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)

| <u>Title</u> | <u>Name</u>  | Address  | Type of Action                       |
|--------------|--|--|--------------------------------------|
|              |  |  | □ Domous                             |
|              |  |  | □ D                                  |
|              |  |  | □ D                                  |
|              | ding or adding additional Articles, entendeditional sheets, if necessary). (Be spe                     |  |                                      |
|              |  |  |                                      |
|              |  |  |                                      |
|              |  |  |                                      |
| provisi      | mendment provides for an exchange, reions for implementing the amendment not applicable, indicate N/A) | eclassification, or cancellatio<br>if not contained in the amenc | n of issued shares,<br>Iment itself: |
|              |  |  |                                      |
|              |  |  |                                      |
|              |  |  |                                      |

| The date of each amendmen                      | t(s) adoption: March 15, 2010   |
|--|---|
| Effective date <u>if applicable</u> :          | March 15, 2010 (date of adoption is required)   |
|  | (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   | ,,  |
|  | (voting group)  |
| The amendment(s) was/wation was not required.  | ere adopted by the board of directors without shareholder action and shareholder  |
| The amendment(s) was/waction was not required. | ere adopted by the incorporators without shareholder action and shareholder   |
| Dated_Apr                                      | il 10, 2010   |
| 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) |
|  | Joseph C. Gargalino, Sr.  |
|  | (Typed or printed name of person signing)   |
|  | President and Director  |
|  | (Title of person signing)   |