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(Re	equestor's Name)	
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· (Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2009 NOV 17 PM 1:37 SECRETARY OF STATE

Amend

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NOV 23 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPO	DRATION;U	st Released Inc	<u> </u>
DOCUMENT NUM	iber: Poq	000089641	
The enclosed Article	es of Amendment and fee ar	e submitted for filing.	
Please return all corn	respondence concerning this	s matter to the following:	
	Jasor	Sperry ame of Contact Person	·
_	Just Releas	sed Inc. Firm/Company	
_	50 West D	Γ∖∨e Address	
	<u>Melbourne, F</u>	L 32904 ty/State and Zip Code	
	VS+releasedinc	© GMail - COM Top filture annual report notification)	
For further informat	ion concerning this matter,	please call:	•
	SON Sperry F Contact Person	at (321) 960 Area Code & Daytime Te	- 7375 lephone Number
Enclosed is a check	for the following amount m	ade payable to the Florida Depar	tment of State:
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment Division of C	Section	Street Address Amendment Section Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ame must be distinguishable and contain the	word "corp	oration." "coi	mpanv," or		The '' o
bbreviation "Corp.," "Inc.," or Co.," or the de ame must contain the word "chartered," "profess	signation "C	orp," "Inc," or	r "Co". A	professional cor	
B. Enter new principal office address, if applic (Principal office address <u>MUST BE A STREET</u>			West		
	(DDRESS)	Melbou	rnej F	<u>-L</u>	
		32	904		
. Enter new mailing address, if applicable:		<i>E</i> ^	(a) ost	مداس	
(Mailing address <u>MAY BE A POST OFFICE</u>	BOX)	20 1	west nourne,	Drive	•
		Melk	ourne,	FL	
			3470	2.1	
. If amending the registered agent and/or regi			rida, enter	the name of the	
new registered agent and/or the new register	rea onice add	<u>iress:</u>			
Name of New Registered Agent:					
		•, , ,			
New Registered Office Address:	(Flori	da street addre	ss)		
			 	Florida	
	(City)		(Zip C	ode)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen			(Zip C	ode)	f the p
Sion	atima of Nau	Pagistared Age	out if about		

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	
	Heidi Sperry	Modify Windermere, Note "r"	den Park Add Remove Remove Add Remove Add Remove	Address only
	·	***		
	ding or adding additional Article additional sheets, if necessary). (E			
provisi	mendment provides for an exchar ons for implementing the amendr not applicable, indicate N/A)			

The date of each amendment(s) ad	loption:
**************************************	(date of adoption is required)
Effective date if applicable: (no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for	or the amendment(s) was/were sufficient for approval
by(voti	**
(voti)	ng group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1/06/2009
Signature	Jason Speny ector, 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 fiduciary by that fiduciary)
***************************************	(Typed or printed name of person signing)
	(Typed or printed name of person signing)
	Director (Title of person signing)