

P09000099081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

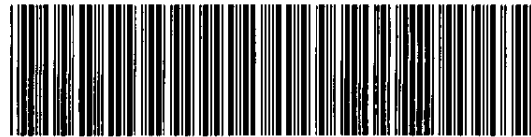
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 28 PM 4:05

Amerd
C.COULLIETTE

DEC 30 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THRADEX CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: TAX ID: 27-1441215 / 909000099081

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

CARMEN E. VERGARA

(Name of Person)

THRADEX CORPORATION

(Name of Firm/Company)

612 LAKE CHARLES DRIVE

(Address)

DAVENPORT, FL 33837

(City/State and Zip Code)

For further information concerning this matter, please call:

CARMEN E VERGARA

(Name of Person)

at (863) 595 7227

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 15, 2010

CARMEN E. VEGARA
THRADEX CORPORATION
612 LAKE CHARLES DR
DAVENPORT, FL 33837

SUBJECT: THRADEX CORPORATION
Ref. Number: P09000099081

We have received your document for THRADEX CORPORATION 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 can only change the registered agent with the form you have submitted. If you wish to change the agent and officers/directors, you will need to file articles of amendment. You may use the fees you paid for this filing to file your amendment if that is your intention.

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 Coulliette
Regulatory Specialist II

Letter Number: 810A00029005

COVER LETTER

TO: Amendment Section
Division of Corporations

RECEIVED
10 DEC 30 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: THRADEX CORPORATION

DOCUMENT NUMBER: PO9000099081

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

Please return all correspondence concerning this matter to the following:

CARMEN E VERGARA

(Name of Contact Person)

THRADEX CORPORATION

(Firm/ Company)

612 LAKE CHARLES DRIVE

(Address)

DAVENPORT, FL 33837

(City/ State and Zip Code)

carmen.vergara@thradex.com

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

For further information concerning this matter, please call:

CARMEN E VERGARA

(Name of Contact Person)

at (786) 364-3033

(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

Articles of Amendment
to
Articles of Incorporation
of

THRADEX CORPORATION

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

PO9000099081

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 28 PM 4:05

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or " Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

612 LAKE CHARLES DRIVE

DAVENPORT

FL 33837

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

612 LAKE CHARLES DRIVE

DAVENPORT

FL 33837

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)

_____, Florida
(City) (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

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 01-01-2011

(date of adoption is required)

Effective date if applicable: 01-01-2011

(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 12/27/2010

Signature _____

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

CARMEN E VERGARA

(Typed or printed name of person signing)

CEO

(Title of person signing)