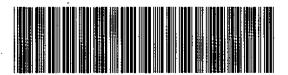
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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

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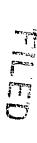


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SECHETARY OF STATE

2010 JUL 22 AM 8: 59



Sunrise Motel Of Hernando, Inc. 250 N. Broad St. Brooksville, Fl 34601 352-796-8634, Jaserson@tampabay.rr.com

July 20,2010

Florida Department Of State Division Of Corporation

Dear Sirs,

My Lawyer Paul Nestler who helped me in forming my Incorporation "Sunrise Motel Of Hernando, Inc" forgot to assign the Officers, and the SunTrust Bank refused to open an account for the Business because of this, they want to know who are the Officers of the Inc, Also He assigned Himself as my Registered Agent without my knowledge, so please show the Officers as per amendment attached, and change the registered Office-Agent as per my request to my name as per the amendemnt attached. Check # 538 for 35.00 is attached herewith.

Thank you.

Sincerely, For Sunrise Motel Of Hernando, Inc.

> Suleiman " Sam" Jaser President

TQ: Amendment Section
Division of Corporations

NAME OF CORPORATION: SUNRISE MOTEL OF HERNANDO, INC
DOCUMENT NUMBER: <u>P1000002, 191</u>
The analoged Authors of Autoutusest and for one submitted for filing
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SULEIMAN JASER
Name of Contact Person
SURISE MOTEL OF HERNIANDO, INC
Firm/ Company
250 N. BROAD 57.
Address
BROOKSVILLE FL. 3460) City/State and Zip Code
City/ State and Zip Code
JASERSON @ TAMPABAY. RR. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SEILEIMAN JASER at (352) 796- 8634
Name of Contact Person 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 & \$43.75 Filing Fee & \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed) \$52.50 Filing Fee Certificate of Status (Additional copy is enclosed)
Molling Address
Mailing Address Amendment Section Street Address Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 - Clifton Building
Tallahassee, FL 32314 - 2661 Executive Center Circle Tallahassee, FL 32301

	poration ASECAL ARCS THERAPHINA THE 59 THE Florida Dept. of State)
Articles of Amo	endment / //
to	2010
Articles of Incor	poration
of	TAJECHE SZ
JUNKISE MOTOL DE	E HERANAMON FRESO
(Name of Corporation as currently filed with th	e Florida Dept. of State)
P10000002	191
(Document Number of Corporatio	n (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes amendment(s) to its Articles of Incorporation:	s, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corporation:	
	: The way
name must be distinguishable and contain the word "corpor	ration" "company" or "incorporated" or the
abbreviation "Corp.," "Inc.," or Co.," or the designation "Cor	n." "Inc." or "Co". A professional corporation
name must contain the word "chartered," "professional associati	ion," or the abbreviation "P.A."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	g
	* · · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
<u> </u>	
D. If amending the registered agent and/or registered office a	ddress in Florida, enter the name of the
new registered agent and/or the new registered office addr	
	-
	YAN TASER
2,50 1	1. BRBAD ST.
	a street address)
· · · · ·	
BROOK SI	1126 Florida 34 601
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	ante:
Thereby accept the appointment as registered agent. I am familia	
	- 1
	791 - 7 - 7 - 7 - 1 - 1 - 1 - 1 - 1 - 1 -
Signalure of New R	egistered Agent, if changing

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>	Name			Address		Type of Action
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				BROOKS	VILLE	Remove
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F. If an amen						
			<u>ndment if no</u>	t contained in t	ne amendment	itself;
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The date of ea	ach amendme	nt(s) adoption		20	_:/0	OL	LATE
Effective date	if applicable:	· · · · · · · · · · · · · · · · · · ·	date	of adoption i		- !	•
	,		ian-90 days a	fter amendm	ent file date)	••	
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Adoption of A	- Amendment(s)	·	CHECK O	MEN		•	
Adoption of A	intenument(s)		(CHECK O	<u>IVE</u>)	,	•	
	lment(s) was/w reholders was/v				imber of votes	cast for the	amendment(s)
	lment(s) was/w parately provid						owing statemen ment(s):
"The r	number of vote	s cast for the a	mendment(s)) was/were su	fficient for ap	proval	
by					·"	:	
		(voting grou	(p)				
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		ere adopted by	y the board of	f directors wi	thout shareho	der action a	nd shareholder
action was	not required.	•	•		: · ,		•
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	not required.	ere adopted by	y me meorpoi	rators withou	· snarenbluer	action and si	narenoider
action was	nor required.	-				1	
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	Dated	7-1.	<u> </u>	<u> </u>	~ 4		
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	Signature _	~		· / /	-	_	
•		y a director, p	resident acat	her officer –	if directors or	officers hav	e not been
-		lected, by an in					
		pointed fiducia			•		
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