# P1000011390

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Amend Turis 2-11-10

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations			
NAME OF CORPORATION: Chil	den's Investor	Tampa, Tuc.	
DOCUMENT NUMBER: P 1000			
The enclosed Articles of Amendment and fee a	re submitted for filing.		
Please return all correspondence concerning this	is matter to the following:		
LAWRENC	e Testall Jame of Contact Person		
	Firm/ Company		
17833 (	Freen W. Mow	Drive	
1 Amps	Flonida 33 ity/ State and Zip Code	647	
L R ESTALL E-mail address: (to be use	d for future annual report notification)	RR. Com	
For further information concerning this matter,	please call:		
LAWRENCE RESTALL Name of Contact Person	at (613) 230-	7107 ephone Number	
Enclosed is a check for the following amount m	nade payable to the Florida Depart	ment of State:	
\$43.75 Filing Fee & Sertificate 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	Street Address		
	· · · · · · · · · · · · · · · · · · ·		
Tallahassee, FL 32314	2661 Executive Center Circl	e	
The enclosed Articles of Amendment and fee at Please return all correspondence concerning this Lawrence No.  IT B 33 C.  LRESTALL E-mail address: (to be use For further information concerning this matter, Name of Contact Person  Enclosed is a check for the following amount matter of Status  Mailing Address Amendment Section Division of Corporations P.O. Box 6327	re submitted for filing.  is matter to the following:	Drive  C47  RR. Com  T107  ephone Number  tment of State:  S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	

Tallahassee, FL 32301

## **Articles of Amendment**

to
Articles of Incorporation
of ASEC TEN
Articles of Incorporation of  Children's Investment of Tamph Inc. Aligner  (Name of Corporation as currently filed with the Florida Dant of State)
(Name of Corporation as currently filed with the Florida Dept. of State)
Discourse to 200
(Document Number of Corporation (if known)
(Document Number of Corporation (it known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> 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: 17833 Green Willow Drives (Principal office address MUST BE A STREET ADDRESS)
(Principal office adaress MUST BE A STREET ADDRESS)  [Ampa Florion 33647]
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  17833 Green Willow Drive  Tampa, Florius 33647
Tampa, Florins 33647
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: LAW: CNCE RESTALL  17833 Green Willow Print
New Registered Office Address: (Florida street address)
(City), Florida 33647 (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

### 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
PD	William Buck	1211 TWIN BRANCH	-S _ <b>S</b> Add _ □ Remove
PSTO	William Buck	51 me	Add Remove
<u>vPD</u>	LINDA RESTAIL	17833 Green Wills Tampa, Fl 33647	Add Remove
	ng or adding additional Articles, enter litional sheets, if necessary). (Be specifi		
<u>provision</u>	ndment provides for an exchange, reck s for implementing the amendment if n	assification, or cancellation of iss ot contained in the amendment i	ued shares, tself;
(ij noi	applicable, indicate N/A)		
		·	

#### 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>Address</u> **Type of Action Title Name** 17833 Green Willow Dr DY Add LAWrence RESTAll VPSTD 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) a	doption: Februa	ry 10, Z	010
Effective date if applicable:	. (date of adoption	is required)	<u> </u>
(no	more than 90 days after amend	nent file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ad by the shareholders was/were so	opted by the shareholders. The ufficient for approval.	number of votes cast for	the amendment(s)
The amendment(s) was/were ap must be separately provided for	proved by the shareholders throw each voting group entitled to vo		
"The number of votes cast	for the amendment(s) was/were	sufficient for approval	
by	ing group)		
(voi	ing group)		
The amendment(s) was/were ad action was not required.	opted by the board of directors v	vithout shareholder action	on and shareholder
The amendment(s) was/were ad action was not required.	opted by the incorporators without	ut shareholder action a	nd shareholder
Dated F.	Drung 10,201	0	
selected	rector, president or other officer, by an incorporator – if in the had fiduciary by that fiduciary)	<ul> <li>if directors or officers</li> </ul>	
	(Typed or printed name	Zestall of person signing)	<del></del>
	Secretary (Title of person signing)	Treasurer	# Directu