## P1000013376

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2010 MAR -4 PM 3: 34
SECRETARY OF STATE

Amend

MAR - 8 2010

## **CÖVER LETTER**

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: Poor White Trash Inc
DOCUMENT NUMBER: P 100 000 1 3376
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jennifer M. Cucino Name of Contact Person
Poor White Trash. Inc.
5278 Baldock Are Address
Spring Hill FC 3460f City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Cucino at (352) 428-3802   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 \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\ \text{Certified Copy} \\ (Additional copy is enclosed) \$\
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## **Articles of Amendment**

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SECRETARY OF STATE
ORIDA **Articles of Incorporation** (Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or th name must contain the word "chartered," "pr	e designation "Corp," "Inc,"	' or "Co". A professional corporati
B. Enter new principal office address, if ap (Principal office address MUST BE A STRE		<b>**</b>
C. Enter new mailing address, if applicable		
(Mailing address MAV RE A POST OFF	ICE ROX)	
(Mailing address <u>MAY BE A POST OFF</u>	<u>ICE BOX</u> )	
		Florida, enter the name of the
	registered office address in	Florida, enter the name of the
D. If amending the registered agent and/or	registered office address in	Florida, enter the name of the
D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in	
D. If amending the registered agent and/or new registered agent and/or the new reg  Name of New Registered Agent:	registered office address in istered office address:	

## 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) Name Title Address **Type of Action** ☐ Remove 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)

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The date of each amendment(s) adoption: 3/1/10
(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 adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated
Signature  (By a director, 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
appointed fiduciary by that fiduciary)
Open, fer Oucino (Typed or printed name of person signing)
(Typed or printed name of person signing)
President.
(Title of person signing)