Piwwy 14948

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	WAIT.	MAIL MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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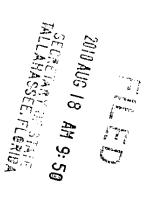
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COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION:	IS OF FLORIDA INC
DOCUMENT NUMBER:P1000	000 14948
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
James	me Cauley e of Contact Person
POS OF	Firm/Company
Po Box	742 15] Address
BUYNTON 7	State and Zip Code
E-mail address: (to be used to	or future annual report notification)
For further information concerning this matter, pl	ease call:
James McCauley Name of Contact Person	at (516) 644 8398 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made	le payable to the Florida Department of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) 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**

Wilder of the State of the Stat

	POS	OF	FLORIDA	1210
(Name	of Corporation	as curren	tly filed with the Flo	rida Dept. of State)
P100000 14948				
	(Docu	ment Numb	er of Corporation (if k	(nown)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

the word "cornoration"	The ne
	" or "Co". A professional corporation
olicable: ET ADDRESS)	
—————————————————————————————————————	bux 742151
Boyn	DOX 742151 TON BEACK, FI 33474
registered office address in istered office address:	Florida, enter the name of the
	
(Florida street ac	ldress)
(City)	, Florida (Zip Code)
ng Registered Agent:	
	efessional association," or toplicable: ET ADDRESS Boyn registered office address in stered office address: (Florida street address address 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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
,,			Add Remove
<u></u>			
	ding or adding additional Articles. dditional sheets, if necessary). (Be		
_			
provisi	mendment provides for an exchan ions for implementing the amendn not applicable, indicate N/A)		
provisi	ons for implementing the amenda		
provisi	ons for implementing the amenda		

The date of each amendment		
Effective date <u>if applicable</u> :	(date of adoption is required)	
in applicable.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated- \(08/09/2010	
Signature _•		
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	/ JAMES MCLAULEY (Typed or printed name of person signing)	
	1 PRESIDENT	
	(Title of person signing)	