

P10000024889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

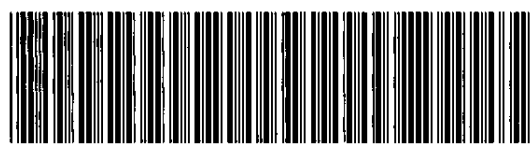
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 AUG 23 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOMMERS & COLOMBO
ATTORNEYS AT LAW

2351 W. Eau Gallie Blvd., Suite 8

Melbourne, FL 32935

Telephone: (321) 751-1000

Facsimile: (321) 751-1001

Website: www.mommerscolombo.com



Pierre A.L. Mommers, P.A.*
Joseph G. Colombo, P.A.**

Paralegals:
Sherill Melito
Caprice B. Stanley

*Also admitted in New York

**Qualified Arbitrator

August 19, 2010

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: TROPIC GRANITE, INC. .

Dear Sir or Madam:


Enclosed please find the following documents regarding the above-referenced corporation:

1. Original and one (1) conformed copy of the Articles of Amendment to Articles of Incorporation of TROPIC GRANITE, INC.
2. Check in the amount of \$35.00; and
3. Self-addressed stamped envelope.

Please file the original of the Articles of Amendment to Articles of Incorporation of TROPIC GRANITE, INC. with the appropriate department and return a certified copy of the Articles to this office in the enclosed self-addressed stamped envelope.

If you have any questions or require additional information, please do not hesitate to contact me. Thank you for your attention to the foregoing.

Sincerely,


Caprice B. Stanley
Paralegal for Joseph G. Colombo, Sr.

encls.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Tropic Granite, Inc.

DOCUMENT NUMBER: P10000024889

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

Please return all correspondence concerning this matter to the following:

Joseph G. Colombo, Sr.
Name of Contact Person

Mommers & Colombo
Firm/ Company

2351 W. Eau Gallie Blvd., Suite 8
Address

Melbourne, FL 32935
City/ State and Zip Code

josephcolombo@earthlink.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph G. Colombo at (321) 751-1000
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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

TROPIC GRANITE, INC.

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

P10000024889

(Document Number of Corporation (if known))

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10 AUG 23 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida 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," "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:

(Principal office address **MUST BE A STREET ADDRESS**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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)

_____ (City)

_____, Florida
_____ (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>	<u>Address</u>	<u>Type of Action</u>
P.	Brianna Foley	7610 Ellis Rd. West Melbourne FL 32904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
P.	Gregory S. Hubbard	105 Coral Reef Drive Satellite Beach FL 32937	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> 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)

The date of each amendment(s) adoption: August 19, 2010
(date of adoption is required)

Effective date if applicable: date of Filing
(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):

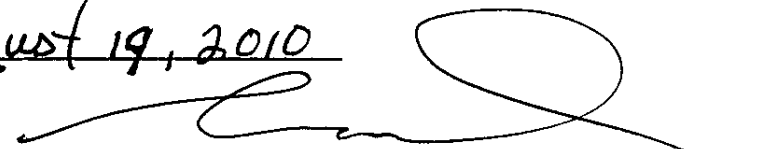
“The number of votes cast for the amendment(s) was/were sufficient for approval

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 August 19, 2010

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)

Gregory S. Hubbard
(Typed or printed name of person signing)

President
(Title of person signing)