P10000039223

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(Ne	questor's Name)	
(Ad	dress)	-
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(Cit	y/State/Zip/Phon	a #/\
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☐ PICK-UP	☐ WAIT	MAIL
		W. W.
(Ви	siness Entity Nar	ne)
		•
(Do	cument Number)	- <u></u>
Certified Copies	Cartificator	e of Statue
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

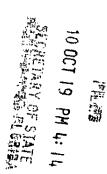


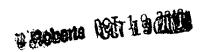


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Amra







October 1, 2010

WALLY CLEVELAND WALDAR INC. P O BOX 3105 HOLIDAY, FL 34692

SUBJECT: WALDAR INC. Ref. Number: P10000039223

We have received your document for WALDAR INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Letter Number: 210A00023368

Tina Roberts
Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Amendment Section
Division of Corporations

Tallahassee, FL 32314

RECEIVED
10 OCT 18 AM 8: 18

	•	, 4.19
NAME OF CORPORATION: Walds	or INC.	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT NUMBER: P\oc	2039223	
The enclosed Articles of Amendment and fee a	re submitted for filing.	
Please return all correspondence concerning thi	is matter to the following:	
- Wally Cla	evelond lame of Contact Person	
Walder	Firm/ Company	
PO Box 3105	Address .	
Holiday F	Sity/ State and Zip Code	
E-mail address: (to be use	d for future annual report notification)	
For further information concerning this matter,	please call:	
Wally Cleveland Name of Contact Person	at () 485 - 38 Area Code & Daytime Tele	
Enclosed is a check for the following amount n	nade payable to the Florida Departi	ment of State:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate 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 Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

'alf	
10 OCT 19	PM 4: 11.
S. F. B. May	OF STATE

Waldar In	<u> </u>	MAY OF STATE
(Name of Corporation as curre		
Plana	39223	
	ber of Corporation (if known	own)
ursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	6, Florida Statutes, this F	Clorida Profit Corporation adopts the following
. If amending name, enter the new name of	the corporation:	
		The new
ame must be distinguishable and contain i bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pro	designation "Corp," "Inc	c," or "Co". A professional corporation
8. Enter new principal office address, if app Principal office address <u>MUST BE A STREE</u>		
	,	61W
	,.,	
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)		
If amending the registered agent and/or r new registered agent and/or the new regis		in Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street	address)
		, Florida
	(City)	(Zip Code)
	D	
lew Registered Agent's Signature, if changing the hereby accept the appointment as registered a second the second three descriptions.		and accept the obligations of the position.
	lignature of New Registere	ed 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	<u>Address</u>	Type of Action
<u>vp</u>	Darn Halfmann	John Springs Fl. 3489	_
<u>5</u>	Arlene Holfmann	Topon Sorings	Add Remove
	· 		_ ☐ Add ☐ Remove
	ding or adding additional Articles, enter dditional sheets, if necessary). (Be speci		
provisi	mendment provides for an exchange, recons for implementing the amendment if not applicable, indicate N/A)		
	<u> </u>		

The date of each amendment(s) a	adoption: $10-12-10$
Effective date if applicable:	(date of adoption is required)
(no	o more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	pproved by the shareholders through voting groups. The following statement reach 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	293
(vo	ting group)
The amendment(s) was/were ac action was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were acaction was not required.	dopted by the incorporators without shareholder action and shareholder
Dated \O-\	2.10
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	Torn Halfmann (Typed or printed name of person signing)
_	(Title of person signing)