# PIDDDD39438

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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORID

Amendicus

### **COVER LETTER**

TO: Amendment Section **Division of Corporations** P10000039638 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee &... Certificate of Status Certified Copy Certificate of Status (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

	<u> 1//C .                                     </u>
(Name of Corporation as curre	ently filed with the Florida Dept. of State)
P100000396	3 F
	nber of Corporation (if known)
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of	f the corporation:
	The new
abbreviation "Corp.," "Inc.," or Co.," or the	the word "corporation," "company," or "incorporated" or the designation "Corp," "Inc," or "Co". A professional corporation effessional association," or the abbreviation "P.A."
B. Enter new principal office address, if app (Principal office address MUST BE A STREE	
	TANK TO SEE
C: Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)	CE BOX)
	registered office address in Florida, enter the name of the stered office address:
D. If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Florida, enter the name of the stered office address:
	•
Name of New Registered Agent:	
Name of New Registered Agent:  New Registered Office Address:	(Florida street address)
<del>, , , , , , , , , , , , , , , , , , , </del>	(Florida street address), Florida (City) (Zip Code)

Signature of New Registered Agent, if changing

removed and	he Officers and/o title, name, and a onal sheets, if nece	ddress of each (					ector being	
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provisions	ndment provides s for implementin	g the amendmen	, reclass	sification, or contained in	cancellatio	n of issu Iment it	ed shares,	-
(if not	applicable, indica	te N/A)		-		·		
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The date of each	amendment(s)	adoption:	-6-15-1	0	; ,	
Effective date <u>if</u>	applicable:	6-15			<u>.</u>	
, ~ ·	. (1	no more than 90 days	after amendmen	t file date)	*	•
doption of Am	endment(s)	(CHECK	ONE)	- - H	;	
he amendme by the shareho	nt(s) was/were olders was/were	adopted by the sharel sufficient for approv	nolders. The num al.	ber of votes	cast for the	amendment
must be separ	ately provided f	approved by the share	entitled to vote s	eparately or	the amenda	
by	iber of votes car	st for the amendment	s) was/were sum	cient for ap	provai	•
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action was no  The amendme action was no	ent(s) was/were	adopted by the incorp	porators without s	hareholder a	nction and sh	areholder
·,					1.1	
÷ .	Dated	6-15-10	:			•
	Dated	<u> </u>			!	•
	Signature	V M	Ly Sans	han	, , ,	
	(By av	director, president or ed, by an incorporator nted fiduciary by that	r – if in the hands			
		Michae	1 Parl	re		
	-	(Typed or	printed name of	person signi	ng)	<del>-</del>
	<i>:-</i>	Pres	ident		1	
	•	(Title of perso	n signing)		•	