P10000040961

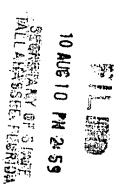
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PICK-UP	MAIT	MAIL ·
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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Ament C.COULLIETTE

AUG 11 2010

EXAMINER

COVER LETTER

Division of Corporations
NAME OF CORPORATION: 1St Stop Injury
DOCUMENT NUMBER: P1000004096
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kelly E. Locreato Name of Contact Person
1st Stop Friedy
Loco Linda Court
Palm Harbor Fe 31684 City/ State and Zip Code
Klopreato@amail. Com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call: Kelly E. Lopeato at (727) 688-3560 Name of Contact Person at (727) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State: \$\Begin{align*} \\$43.75 \text{ Filing Fee & Certificate of Status} \\ \text{Certified Copy (Additional copy is enclosed)} \\ Certi

Mailing Address

TO: Amendment Section

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

Articles of Incorporation

	or theor por attor
101 -	of
ST Stop Injury	INC
(Name of Corporation as currently file	d with the Florida Dept. of State)
P10000040961	
(Document Number of Co	orporation (if known)
Pursuant to the provisions of section 607.1006, Florida amendment(s) to its Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following
A. If amending name, enter the new name of the corp	poration:
	The new
abbreviation "Corp.," "Inc.," or Co.," or the designat name must contain the word "chartered," "professional B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDR	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered new registered agent and/or the new registered of	d office address in Florida, enter the name of the fice address:
Name of New Registered Agent:	
New Registered Office Address:	(Florida street address)
	, Florida

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.

(City)

Signature of New Registered Agent, if changing

(Zip Code)

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)

Title President	Kelly E. La	oreato	Address Codo Linda Palm Harbo	Add	j
				□ Add	
					
provision	ndment provides for an a soft implementing the a	<u>mendment if n</u>	essification, or cancel ot contained in the ar	lation of issued shar nendment itself:	es
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provision	s for implementing the a	<u>mendment if n</u>	essification, or cancel ot contained in the ar	lation of issued shar nendment itself:	es,

The date of each amendment(s) adoption: (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, predident 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)
(Typed or printed name of person signing) (Title of person signing)