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To:

Division of Corporations

Fax Number

: (850)617-6380

From;

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856 Fax Number : (800)354-3381

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	 	<del></del>	 	

## COR AMND/RESTATE/CORRECT OR O/D RESIGN 4 RENT 2 U, INC.

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12/7/2012





December 10, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

4 RENT 2 U, INC. 1777 TAMIAMI TRAIL SUITE 400 PORT CHARLOTTE, FL 33948US

SUBJECT: 4 RENT 2 U, INC.

REF: P10000043192

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill in the date of each amendment's adoption at the top of page 4.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey Regulatory Specialist II FAX Aud. #: H12000287624 Letter Number: 212A00029108

12 DEC 10 AM 8: 04
BETAS THEAT OF STATE
BUYISHA OF CORPORATION

ec. 10. 2012 9:55AM '		3 No. 2904	P. 3
4 PENT O LL INIO	Articles of Amendment to Articles of Incorporation of	PILED 2018 BEC 10 PM SECRETARY OF TALLAHASSEE.	3: 10 STATE FLORIBA
4 RENT 2 U, INC.		SECRITASSEL.	, 6-
(Name of Corporation P10000043192	as currently filed with the Florida Dept. of State)	IALL	. •
(Docum	ent Number of Corporation (if known)	<del>-</del>	

A. If amending name, enter the new name of the corporation: ABLE STERLING PROPERTY & DEVELOPMENT, INC. 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." 5081 ADMINISTRATION STREET B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) PORT CHARLOTTE, FL 33948 C. Enter new mailing address, if applicable: 5081 ADMINISTRATION STREET (Mailing address MAY BE A POST OFFICE BOX) PORT CHARLOTTE, FL 33948 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: CHRISTOPHER P. KELLY Name of New Registered Agent 5081 ADMINISTRATION STREET (Florida street address) PORT CHARLOTTE

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

New Registered Agent, if changing

Page 1 of 4

(H120002876243)

Example:

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)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	PT John	<u>1 Doe</u>	
X Remove	Y Mik	e Iones	
_X Add	SV Sail	y Smith	
Type of Agtion (Check One)	<u>Title</u>	Name	Address
1) Change	VP/D	SCOTT SIMPSON	Molintocks House, Summer Lane
<b>A</b> dd			Barnsley, South Yorkshire
X Remove			England, UK S70 2-NZ UK
2) Change	VP/D	CHRISTIAN LAWLOR	Molintocks House, Summer Lane
Add	<del></del>		Barnsley, South Yorkshire
X Remove			England, UK S70-NZ UK
3) Change	D	ROBERT CALLAN	P.O. Box 380909
Add	<del></del>		Murdock, FL 33938
X Remove			
4) Change			
Add			
Remove		,	
5) Change			
Add			
Remove			
6) Change	<del></del>		
Add			
Demous			

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## Dec. 10. 2012 9:55AM LTIOUDA89624 3 No. 2904 P. 5

attach additional sheets, if necessary).	cles, gnter change(s) here: (Be specific)
<del></del>	
·	
,	
20 amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
orovisions for implementing the ame (if not applicable, indicate N/A)	THE REAL PROPERTY OF THE PROPE
orovisious for implementing the ame (if not applicable, indicate N/A)	THE
orovisious for implementing the ame (if not applicable, indicate N/A)	
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orovisions for implementing the ame (if not applicable, Indicate N/A)	

Page 3 of 4

CH26000876243)

## Dec. 10. 2012 9:55AM. : : 111000081004 1004 No. 2904 P. 6

The date of each amendm	ent(s) adoption: December 6, 2012
Effective date if applicable	e:
	(no more than 90 days after amendment file date)
Adoption of Amendment(	s) (CHECK ONE)
The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) s/were sufficient for approval.
☐ The amendment(s) was/ must be separately prov	were approved by the shareholders through voting groups. The following statement vided for each voting group entitled to vote separately on the amendment(s):
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval
by	(voling group)
	(voting group)
The amendment(s) was/action was not required.	were adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/ action was not required.	were adopted by the incorporators without shareholder action and shareholder
Dated_D	ecember 6, 2012
Signatur	Wall
·	(By a director, president or other inition—if directors or officers have not been selected, by an incorporator—if in the hands of a receiver, trustee, or other court appointed feduciary by that fiduciary)
	CHRISTOPHER KELLY
	(Typed or printed name of person signing)
	PRESIDENT
	Control of the Contro

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