Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H110001487583)))



1110001487583ARC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

: (850)224-8870

Phone Fax Number

: (850)222-1222

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

Email	Address	:
		•

COR AMND/RESTATE/CORRECT OR O/D RESIGN WILLIAMSBURG SERVICES, INC.

PECEIVED
JUN-6 AM 8: 0'
ECTETARY OF STATE

ł

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

 $\mathcal{D}_{\mathcal{C}}$

Articles of Amendment to Articles of Incorporation of

WILLIAMSBUR	RG SERVICES, INC		
(Name of Corporation as curren	tly filed with the Florida	Dept. of State)	
P100	00043625		
(Document Numb	er of Corporation (if know	n)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Florida	rida Profit Corporation ado	pts the following
A. If amending name, enter the new name of t	the corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profe	lesignation "Corp," "Inc,"	' or "Co". A professional o	_The new 2d" or the corporation
B. Enter new principal office address, if applic	cable:		_
(Principal office address MUST BE A STREET	ADDRESS)	7.11	3
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>в вох</u>)		6 R : 5
D. If amending the registered agent and/or remains new registered agent and/or the new registered.	gistered office address in ered office address:	Florida, enter the name of t	he
Name of New Registered Agent:	/**	·	
New Registered Office Address:	(Florida street ad	dress)	
_	(7)*4-1	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age	ent. I am familiar with an	d accept the obligations of th	e position.
	gnature 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)

Title	<u>Name</u>	Address	Type of Action
Treas.	Marluxi San Miguel	PO BOX 960386 MIAM! FL 33296	
			Add Remove
			Add Remove
provisi	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)	eclassification, or cancellation if not contained in the amend	of issued shares, ment itself:

I

l

The date of each amendmen	t(s) adoption: <u>OE</u>	6/06/2011			_
Effective data if applicable:	06/06/2011	(done of add	ption is regulred		
in the state of th	(no more than 5	70 days after a	mendment file da	(e)	
Adoption of Amendment(s)	(CB	ECK ONE)			
The amondment(s) was/we by the shareholders was/w			The number of v	oles cast for the amenda	nent(3)
The amendment(s) was/we must be separately provide					
"The number of votes	cast for the amen	dment(s) was/	were sufficient fo	r approval	
by	(voting group)				
	(voting group)				
The amendment(s) was/we action was not required.	re adopted by the	board of direc	tors without shan	sholder setton and share	holder
The amendment(s) was/we action was not required.	re adopted by the	incorporators	without sharehold	ier action and sharehold	er
Dated 06/0	6/2011		_		
(By sele	a director, presidented, by an incorpointed fiduciary b	porator - if in t	the hands of a rec	s or officers have not be eiver, trustee, or other o	omt eu
	Manitoria (Typ	Seed of printed i	name of person al	gning)	
•	/ TESUAL	1 - V.P	<u> </u>		
	(Title of	r person signin	g)		