P1000048864

(Re	questor's Name)	
(Ad	dress).	
· (Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
. (Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
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October 11, 2010

BRYAN SANDS 3707 155TH AVE E PARRISH, FL 34219

SUBJECT: SANDS & ASSOCIATES, INC.

Ref. Number: P10000048864

We have received your document for SANDS & ASSOCIATES, 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):

If the corporation is a **PROFIT** corporation it must be signed by a director, president 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Tina Roberts Regulatory Specialist II

Letter Number: 910A00024040

COVER LETTER

TO: Amendment Section , Division of Corporations

NAME OF CORPOR	RATION:	SANDS & ASSOCIAT	ES, INC.
DOCUMENT NUMI	BER:	P10000048864	
The enclosed Articles	of Amendment and fee	are submitted for filing.	
Please return all corre	spondence concerning th	is matter to the following:	
		BRYAN SANDS	
	ו	Name of Contact Person	•
_		Firm/ Company	<u>, </u>
	3707 155th Ave E		
		Address	
		ARRISH, FL 34219 City/ State and Zip Code	
	BSAND E-mail address: (to be us	SCPA@AOL.COM ed for future annual report notifica	tion)
For further information	on concerning this matter	, please call:	•
BRY	AN SANDS	at (941)	518-9457
	Contact Person		me Telephone Number
Enclosed is a check for	or the following amount	made payable to the Florida	Department of State:
✓ \$35 Filing Fee	□ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is encl	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

SANDS & ASSOCIATES, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000048864

• • •	to	•	
Ar	ticles of Incorporation	n	
•	of		
SANDS & AS	SOCIATES, INC.		10 HOY -8 PH 4:
(Name of Corporation as current			B PH /
	00048864		A STATE OF THE STA
	er of Corporation (if known	<u></u>	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this Fl	orida Profit Corpo	•
A. If amending name, enter the new name of the	he corporation:		
4BS & MS MA	ANAGEMENT, INC.		The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profes	esignation "Corp," "Inc.	," or "Co". A pre	ofessional corporation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<i>BOX</i>)		
D. If amending the registered agent and/or reg new registered agent and/or the new registe Name of New Registered Agent:		ı Florida, enter th	e name of the
New Registered Office Address:	(Florida street a	ddress)	
		, Flo	orida
	(City)	(Zip Cod	orida le)
Now Desistand Agent's Claustin 15 shared	Decistand A 4:		
New Registered Agent's Signature, if changing hereby accept the appointment as registered age		nd accept the oblig	ations of the position
me appointment as registered age	I am jammar with al	in accept the outigo	шины ој те розшот.
			_ _
Sign	nature of New Registered	l Agent if changing	r

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>	<u>Name</u>	Address	Type of Action
		·	Add Remove
			☐ Add☐ Remove
(attach ad	ling or adding additional Article Iditional sheets, if necessary). (es, enter change(s) nere: Be specific)	
F. <u>If an am</u>	nendment provides for an excha	nge, reclassification, or cancella	tion of issued shares,
<u>provisio</u>	ns for implementing the amend of applicable, indicate N/A)	ment if not contained in the amo	endment itself:
			

The date of each amendmen	t(s) adoption: <u>9/30/</u>	2010
Effective date if applicable:	6	date òf adoption is required)
Enfective date il applicable.	(no more than 90 de	rys after amendment file date)
Adoption of Amendment(s)	(CHEC	K ONE)
The amendment(s) was/we by the shareholders was/we		reholders. The number of votes cast for the amendment(s) oval.
		areholders through voting groups. The following statement up entitled to vote separately on the amendment(s):
"The number of votes	cast for the amendme	ent(s) was/were sufficient for approval
by		.,,
	(voting group)	
The amendment(s) was/we action was not required.	re adopted by the boa	rd of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	re adopted by the inco	orporators without shareholder action and shareholder
Dated	//-3-10	
Signature	Brusan -	Sands
sele		or other officer – if directors or officers have not been tor – if in the hands of a receiver, trustee, or other court at fiduciary)
	BRYAN	or printed name of person signing)
	(Typed	or printed name of person signing)
	VH)
	(Title of per	rson signing)