

P10000053086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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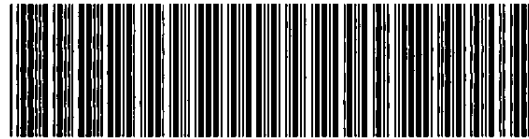
(Business Entity Name)

(Document Number)

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10 NOV 19 AM 11:21

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Amend*

C.COULLETTE

NOV 23 2010

EXAMINED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: LASER LITE INTERNATIONAL CORPORATION

DOCUMENT NUMBER: P10000053086

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL GEMMELL

Name of Contact Person

2010 SOLUTIONS INC

Firm/ Company

2077 SEAWIND COURT

Address

INDIALANTIC FL 32903

City/ State and Zip Code

mikege2010@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL GEMMELL

Name of Contact Person

at ( 321 )

773-9516

Area Code & Daytime Telephone Number

Enclosed is a check for 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 enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
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  
of

**LASER LITE INTERNATIONAL CORPORATION**

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

**P10000053086**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

N/A

*The new*

*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."*

**B. Enter new principal office address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

9110-A Ellis Road  
W Melbourne FL  
32904

**C. Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

Name of New Registered Agent:

New Registered Office Address:

(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**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.*

\_\_\_\_\_  
*Signature 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)*

| <u>Title</u> | <u>Name</u>            | <u>Address</u>                                                   | <u>Type of Action</u>                                                      |
|--------------|------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------|
| <u>P</u>     | <u>THOMAS C HUNTER</u> | <u>1500-C ATLANTIC STREET</u><br><u>MELBOURNE BEACH FL 32951</u> | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>VP</u>    | <u>SUSAN GOTTFRIED</u> | <u>1140 ASHLYN DRIVE</u><br><u>WEST MELBOURNE FL 32904</u>       | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| <u>P S T</u> | <u>SUSAN GOTTFRIED</u> | <u>1140 ASHLYN DRIVE</u><br><u>WEST MELBOURNE FL 32904</u>       | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: 11/15/2010

(date of adoption is required)

Effective date if applicable: 11/15/2010

(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 11/15/2010

Signature \_\_\_\_\_

(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)

BERTRUM D GOTTFRIED

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)