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| Certified Copies | Certificates | of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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SECRETARY OF STATE



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: UP-A-NOTCH MARKETING INC.

(Name of Corporation)

DOCUMENT NUMBER: Ploqued To Table 1

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

UP-A-NOTCH MARKETING INC.

(Name of Firm/Company)

Address)

SPRING H. ROAD

(Address)

SPRING H. ROAD

(City/State and Zip Code)

For further information concerning this matter, please call:

CONNE L. KEFTON (813) 639-919/
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Articles of Amendment to

Articles of Incorporation

| UP-A-NOTCH MAKKETING INC. | |
|--|--------------|
| (Name of Corporation as currently filed with the Florida Dept. of State) | |
| - MOOQQ77311 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following ame its Articles of Incorporation: | ndment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| The The | new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbrev "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain 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) | |
| | |
| | |
| 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: | |
| College Kerman | |
| Name of New Registered Agent QNIE L. TEE COAT | |
| (Florida etreet address) | |
| 50. 11 1 11. 21. 21. 18 | |
| New Registered Office Address (City), Florida (Zip Code) | |
| ł | |
| | |
| 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. | |
| Thereby accept the appointment assegnment agent. I am jammar with and accept the obligations of the position. | |
| Signature of New Registered Agent, if changing | |
| 7.0 | |

| attach additional sheets, if i | necessary). (Be | specific) | | | |
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