P10000093498

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COVER LETTER

NAME OF CORPORATION: WALL STREET PRINTIE EQUITY GROUP, INC

TO: Amendment Section Division of Corporations

DOCUMENT NUMBER: <u>P 1 00 000</u>	9
The enclosed Articles of Amendment and fee	
Please return all correspondence concerning th	•
RICHARD A	CALHEDIH Name of Contact Person
WALL STREET	POINTIE FOUTY CLOVE, INC
1000 W MCH	Address SUTTE 325
POLPTON BET	FCH, FC 33069 City/State and Zip Code
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter	, please call:
RICHTAD FF CFILFID 1/G Name of Contact Person	at (954) S66- 100 EFT 300 & Area Code & Daytime Telephone Number
Enclosed is a check for the following amount	made payable to the Florida Department of State:
\$35 Filing Fee \$\to\$ Status \$43.75 Filing Fee \$\times\$ Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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 Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State) P100000 93498

(Document Number of Corporation (if known)

amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of	the corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the aname must contain the word "chartered," "professional"	designation "Ċorp," "Inc.	" or "Co". A professio	
B. Enter new principal office address, if appli (Principal office address MUST BE A STREET			
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC) D. If amending the registered agent and/or renew registered agent and/or the new regist 	gistered office address in	Florida, enter the nam	e of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ad	dress)	
_	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered ag	g Registered Agent:	d accept the obligations	of the position.

removed a		enter the title and name of each office ch Officer and/or Director being adde	
Title	Name	Address	Type of Action
			
	nding or adding additional Article additional sheets, if necessary).		
F. If an a	CORPORATION IS TITLE: DIR, PRO RICHARD AT. CA 1000 W MCHAB A PONPAHO BEACH, amendment provides for an excha	SNOFNI, FILL SZC,) LABRA ED SUTTE 325	f issued shares,
			

The date of each amendment(s) a	doption:	8/3	8/201	1
Effective date <u>if applicable</u> :	(date	of Moption is	required) 26 M	
	more than 90 days o	uffer amendmen	nt file date)	
Adoption of Amendment(s)	(CHECK O	NE)		
The amendment(s) was/were adby the shareholders was/were su			nber of votes ca	st for the amendment(s)
The amendment(s) was/were ap must be separately provided for	· ·	_		
"The number of votes cast	for the amendment(s) was/were suff	ficient for appro	val
by				
(voti	ing group)			
The amendment(s) was/were adaction was not required.	opted by the board o	of directors with	out shareholder	action and shareholder
The amendment(s) was/were adaction was not required.	opted by the incorpo	orators without	shareholder acti	on and shareholder
Dated δ	30/2011			
Signature	P.A	CACHO	214	
selected,	ector, president or o by an incorporator - d fiduciary by that f	– if in the hands		icers have not been rustee, or other court
<u> </u>	(Typed or p		<i>CFIOF ID</i> person signing)	
	PAB1054			
_	(Title of person			
	, I	⁄ب ب		