

P10000095640

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

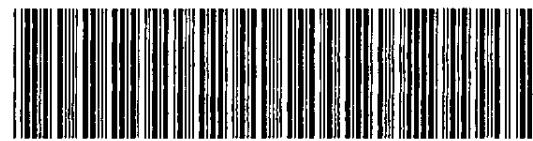
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/11--01001--006 **5.00

02/16/11--01028--009 **30.00

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2011 MAR 11 PM 11:42
SACRAMENTO SUPERIOR
TRIBUNAL, CALIFORNIA

Amend
Lewis
3-14-11

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ACCESSIBILITY & SAFETY SOLUTIONS INC

DOCUMENT NUMBER: P10000095640

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

Please return all correspondence concerning this matter to the following:

DAVID BACK

Name of Contact Person

DAVID BACK ACCOUNTING

Firm/ Company

11327 OKEECHOBEE BOULEVARD, SUITE 1

Address

WEST PALM BEACH, FL 33411

City/ State and Zip Code

BACKACCOUNTING@GMAIL.COM

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

For further information concerning this matter, please call:

DAVID BACK

Name of Contact Person

at (561) 795-7444

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)

FLORIDA
DEPARTMENT OF
STATE
AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

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

DAVID BACK ACCOUNTING

A PROFESSIONAL ACCOUNTING SERVICE

**11327 OKEECHOBEE BOULEVARD, SUITE 1
ROYAL PALM BEACH, FL 33411**

PHONE: 561-478-4615

FAX: 561-478-7316

FEBRUARY 28, 2011

**THELMA LEWIS
DOCUMENT SPECIALIST SUPERVISOR
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

RE: LETTER NUMBER: 011A00004357

DEAR MS. LEWIS:

**THANK YOU FOR YOUR CORRESPONDENCE AND THE CORRECT FORM TO
FILE FOR ACCESSIBILITY & SAFETY SOLUTIONS INC. ENCLOSED IS THE
ADDITIONAL \$5.00 THAT IS DUE. ALSO ENCLOSED IS THE CORRECT FORM
FILLED OUT.**

**YOUR PROMPT ATTENTION TO THIS MATTER WILL BE GREATLY
APPRECIATED.**

SINCERELY,


DAVID BACK

**ENCLOSURES: CORRECT COMPLETED FORM
 ADDITIONAL \$5.00**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2011

DAVID BACK
DAVID BACK ACCOUNTING
11327 OKEECHOBEE BLVD., SUITE 1
WEST PALM BEACH, FL 33411

SUBJECT: ACCESSIBILITY & SAFETY SOLUTIONS INC
Ref. Number: P10000095640

We have received your document for ACCESSIBILITY & SAFETY SOLUTIONS INC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$5.00 is due.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 011A00004357

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Articles of Amendment
to
Articles of Incorporation
of

FILED

ACCESSIBILITY & SAFETY SOLUTIONS INC

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

P10000095640

(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:

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**)*

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>
VP	<u>FRED A SANDBERG</u>	<u>5632 SEA PINE ROAD</u> <u>WEST PALM BEACH, FL 33417</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: 2/28/11

(date of adoption is required)

Effective date if applicable: 2/28/11

(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 2/28/11

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)

FRED A SANDBERG

(Typed or printed name of person signing)

VICE PRESIDENT

(Title of person signing)