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To:

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COR AMND/RESTATE/CORRECT OR O/D RESIGN OL SKOOL ENTERPRISES, INC.

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8/19/2011

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF COR	PORATION: OL SKOO	LENTERPRISE	S, INC.	
DOCUMENT N	umber: <u>P1000009</u>	7785		
The enclosed Arti	icles of Amendment and foo	are submitted for filin	g.	
Please return all c	orrespondence concerning th	us matter to the follow	ving:	
_	Nama	Barbara Dang of Contact Person)		<u>_</u>
	fr meno	or conduct to doing		
	(Fi	Legalzoom.com, Inc. rm/ Company)		
	100 W	Broadway Suite 100 (Address)		
For further inform		andale, CA 91210 state and Zip Code)	· · · ·	
	Barbara Dang	at (323)	962-8600 x79	50
(Nam	e of Contact Person)	(Area Code	962-8600 x79 & Daytime Tele	phone Number)
Enclosed is a chec	k for the following amount n	ade payable to the FI	orida Departn	ent of State:
\$35 Filing Fee	\$43,75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fe Certified Copy (Additional copy enclosed)	•	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Ac Amendmen Division of P.O. Box 6 Tallahassee	it Section Corporations 327	Street Address Amendment Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	corations Center Circle	

Articles of Amendment to Articles of Incorporation of

OL SKOO	L ENTERPRISES, INC.	
	prently filed with the Florida Dept. of Stat	<u>e)</u>
P	10000097785	
(Document N	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1 following amendment(s) to its Articles of In	1006, Florida Statutes, this Florida Profit (corporation;	Corporation adopts the
A. If amending name, enter the new nam	e of the corporation:	
"incorporated" or the abbreviation "Corp	s and contain the word "corporation," ,," "Inc.," or Co.," or the designation "C ame must contain the word "chartered,	lorp," "Inc," or
B. Enter new principal office address, if s (Principal office address <u>MUST BE A STR</u>	applicable: EET ADDRESS)	
C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF	ble: FFICE BOX)	
D. If amending the registered agent and/o new registered agent and/or the new re-	or registered office address in Florida, enter existered office address:	r the name of the
Name of New Registered Agent;	Scott Crawford	
New Registered Office Address:	7520 Monteel Dr (Florida street address)	,
	Port Richey (City)	Florida <u>34668</u> (Zip Code)
New Registered Agent's Signature, if char I hereby accept the appointment as registe position.	red agent. I am familiar with and accept Recommondation	

If amonding t	he Officers and/o	r Directors, en	cr the title an	d name of	each officer/di	irector being
removed and	title, name, and a	ddress of each	Officer and/or	Director	being addedi	
(Attach addition	onal sheets. If nece	(KSGPV)				

Title	Name	Address	Type of Action
<u>P</u>	William Crawford	7520 MONTEEL DR PORT RICHEY EL 34668 US	☐ Add ☑ Remove
<u>p</u>	Scott Crawford	7520 MONTEEL DR PORT RICHEY FL 34668 US	Add Remove
	,		Add Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions	dment provides for an exchange, recine for implementing the amendment if no pplicable, indicate N/A)	ssification, or cancellation of issu t contained in the amendment it	ied shares, self:
		·	

The date of each amendment(s) adoption: 8/10/2011				
Ef	fective date if applicable:			
		(no more than 90 days after amendment file date)		
Ad	option of Amendment(s)	(CHECK ONE)		
	The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.		
	The amendment(s) was/wer must be separately provided	e approved by the shareholders through voting groups. The following statement d for each voting group entitled to vote separately on the amendment(s):		
	"The number of votes	east for the amendment(s) was/were sufficient for approval		
	ъу	,77		
		(voting group)		
Ø	The amendment(s) was/wer action was not required.	e adopted by the board of directors without shareholder action and shareholder		
Q	The amendment(s) was/wer action was not required	e adopted by the incorporators without shareholder action and shareholder		
	Dated_\(\frac{1}{2}\)	13 Aug 2011		
	Signature	hu lulae		
	- (By/salec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)		
		Amy Crawford		
		(Typed or printed name of person signing)		
		Secretary		
		(Title of person signing)		