Pluxo102323

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TO: Amendment Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

. 6

NAME OF CORPOR	ATION:	Comprehensive Sales Gro	up Inc.	
DOCUMENT NUMB	ER:	P10000102323		
The enclosed Articles	of Amendment and fee	are submitted for filing.		
Please return all corres	pondence concerning th	is matter to the following:		
	Ke	slerme Thelemaque		
		Name of Contact Person		
		Firm/ Company		
		Thus Company		
	2121 Oakmont Drive			
		Address		
	Rivi	era Beach, FL 33404		
	C	City/ State and Zip Code		
	info@e	etaccounting.com		
	E-mail address: (to be use	ed for future annual report notification)		
For further information	concerning this matter,	please call:		
	e Thelemaque	at \	17-4340	
Name of C	ontact Person	Area Code & Daytime Te	lephone Number	
Enclosed is a check for	the following amount r	nade payable to the Florida Depar	tment of State:	
☑ \$35 Filing Fee [\$43.75 Filing Fee & Certificate of Status	S43.75 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		Street Address Amendment Section		
Division of Cor	porations	Division of Corporations		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Articles of Amendment Articles of Incorporation

Comprehensive Sales Group Inc (Name of Corporation as currently filed with the Florida Dept. of Sta P10000102323 (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: 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." 3125 Fortune Way B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Suite 4 Wellington, FL 33414 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 3125 Fortune Way Suite 4 Wellington, FL 33414 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: (Florida street address) New Registered Office 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

The date of each amendment(s	adoption:
	(date of adoption is required)
Effective date <u>if applicable</u> :	no more than 90 days after amendment file date)
Adoption of Amendment(s)	(<u>CHECK ONE</u>)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	27
(1	oting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
` ,	director, president or other officer – if directors or officers have not been
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	Fedner Alcius
•	(Typed or printed name of person signing)
	President
	(Title of person signing)