P11000000154

| | (Requestor's Name) | |
|----------------------|--------------------------|-------------|
| | (Address) | |
| | (Address) | |
| | (City/State/Zip/Phone #) | |
| PICK-UP | P WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer: | |
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SECRETARY OF STATE

FEB 27.1012 T. ROBERTS



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 14, 2012

STEVEN MCFAY PRRCISION RADIATOR INC 9631 E SLIGH AVE TAMPA, FL 33610

SUBJECT: PRECISON RADIATOR INC

Ref. Number: P11000000154

We have received your document for PRECISON RADIATOR INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Tina Roberts Regulatory Specialist II

Letter Number: 312A00006798

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COVER LETTER

| Division of Corporations | | |
|--|--|--|
| NAME OF CORPORATION: Precision Radiator INC | | |
| DOCUMENT NUMBER: P11000 000 154 | | |
| The enclosed Articles of Amendment and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| STEVE MCFAY | | |
| Precision Radiator INC Firm/Company | | |
| 4804 EAST HILLS D'orough AVE | | |
| Tampa FLA 33610 City/ State and Zip Code | | |
| S MCFAY AT TAMPA BAY . RR. COM E-mail address: (to be used for future annual report notification) | | |
| For further information concerning this matter, please call: | | |
| STEWE MUFAY at (813) 626 STST/ Name of Contact Person Area Code & Daytime Telephone Number | | |
| Name of Contact Person / Area Code & Daytime Telephone Number | | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | | |
| \$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) \$35 Filing Fee Certified Copy (Additional Copy is enclosed) | | |
| Mailing Address Amendment Section Amendment Section Amendment Section | | |

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

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

| Articles of Amendment |
|--|
| Articles of Incorporation OF OF PRECISON RADIATOR TNC 12 FEB 27 PM 3: 08 (Name of Corporation as currently filed with the Florida Dept. of State). |
| \sim or \sim |
| PRECISON RADIATOR INC 12 FEB 27 PM |
| (Name of Corporation as currently filed with the Florida Dept. of State) Critician 1998 |
| (Name of Corporation as currently filed with the Florida Dept. of State): CITE THAT OF STATE PIOODOOO 154 |
| (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 amendment(s) to its Articles of Incorporation: |
| A. If amending name, enter the new name of the corporation: |
| Optossial Pagistar Till |
| 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 |
| |
| (Florida street address) |
| New Registered Office Address:, Florida |
| New Registered Office Address: (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