## P.11000028657

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SECRETARY OF STATE

MAR 0 6 2012 T. ROBERTS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: PARADISE	ISLAND CONT	RACTING INC	
DOCUMENT NUMBER: P1100002865			
The enclosed Articles of Amendment and fee are su			
Please return all correspondence concerning this ma	tter to the following:		
JASON WALCZA	AK		
	Name of Contact Person	n	
	Firm/ Company		
14178 BARNWO	OD LANE		
	Address		
PORT CHARLOT	TTE, FL 33981		
	City/ State and Zip Cod	e	
JASONWALCZAK74			
E-mail address: (to be us	sed for future annual report	notification)	
For further information concerning this matter, pleas	se call:		
JASON WALCZAK	at (941	286-5101	
Name of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 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)	
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

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TALLAHASSEE FLORIDA



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

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$\vdash$	l	IJ	IJ	IJ	IJ	/	a	n		

(Document Number of Corporation (if known)

ent(s) to

. If amending name, enter the new na N/A	tme of the corporation:		
ame must be distinguishable and con Corp.," "Inc.," or Co.," or the design ord "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional c	ncorporated" or the ab
Enter new principal office address, if applicable: Principal office address <u>MUST BE A STREET ADDRESS</u> )  Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )		14178 BARNWOOD LAN	
		PORT CHARLOTTE, FL	
		33981	
		PO BOX 102	
	<u> </u>	BOCA GRANDE, FL	
		33921	
. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent		ss:	ne name of the
	14178 BARNW		
		treet address)	33081
	PORT CHARLOTTE , Flori		lorida 33981 (Zip Code)
New Registered Office Address:	(City	<i>v)</i>	
New Registered Office Address:	(Cit	<i>'</i> '	
New Registered Office Address:  ew Registered Agent's Signature, if clareby accept the appointment as registered.	hanging Registered Ager	´ . <b>it:</b>	actions of the position

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> J	ohn Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u> <u>s</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	PO	DARRIN PETERSON	7274 ACORN BLVD PUNTA GORDA, FL
X Remove			33982
2) X Change	PD	JASON WALCZAK	14178 BARNWOOD LANE
Add Remove			PORT CHARLOTTE, FL 33981
3) × Change Add Remove	<u>s</u>	JASON WEISS	14178 BARNWOOD LANE PORT CHARLOTTE, FL 33981
4) Change Add Remove	<u>T</u>	JAIMIE WALCZAK	14178 BARNWOOD LANE PORT CHARLOTTE, FL 33981
5) Change Add Remove	·		
6) Change Add Remove			

E. If amending or adding additional Articles, enter change(s) here: ( attach additional sheets, if necessary). (Be specific)	
N/A	
	·
· · · · · · · · · · · · · · · · · · ·	
	•
<del> </del>	
<del></del>	
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)	
N/A	<del></del>
	<u> </u>

The date of each amendment(s)	adoption: 01/01/2012	·
Effective date if applicable:	1/01/2012	
	(no more than 90 days after amendment fi	le date)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for sufficient for approval.	the amendment(s)
	approved by the shareholders through voting groups. The for each voting group entitled to vote separately on the am	
"The number of votes ca	sst for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and	d shareholder
Dated 02/17	7/2012	
Signature	a. Sings	
(By §	director president or other officer – if directors or officer ted, by an incorporator – if in the hands of a receiver, trust	s have not been
	inted fiduciary by that fiduciary)	ce, or other court
	JASON WALCZAK	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	