Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000355593)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATE ACCESS, INC.

Account Number : FCA000000011

Phone Fax Number : (850)222-2666 : (850)222-1666

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Email | Address: | | |
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COR AMND/RESTATE/CORRECT OR O/D RESIGN YOURDIYCONTRACTOR.COM/ABCEXTREMEBACKYARDS.COM INC

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| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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Electronic Filing Menu

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Corporate Filing Menu

Help

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February 10, 2012

FLORIDA DEPARTMENT OF STATE

YOURDIYCONTRACTOR.COM/ABCEXTREMEBACKYARDS.COM INC 4342 MELROSE AVENUE
JACKSONVILLE, FL 32210

SUBJECT: YOURDIYCONTRACTOR.COM/ABCEXTREMEBACKYARDS.COM INC

REF: P11000036613

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of the entity must be identical throughout the document.

THE OLD CORPORATE NAME SHOULD READ AS FOLLOWS:
YOURDIYCONTRACTOR.COM/ABCEXTREMERACKYARDS.COM INC
WORD "AND" BETWEEN THE WORDS "COM" AND "ABCEXTREME" AND REPLACE IT WITH A
"/"

The date of adoption of each amendment must be included in the document.

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.

Darlene Connell Regulatory Specialist II

FAX Aud. #: H12000035559 Letter Number: 912A00006182



P.O BOX 6327 - Tallahassee, Florida 32314

Articles of Amendment to Articles of Incorporation of

| (((H12000035559 3))) | | The state of the s |
|---|-----------------|--|
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| | to cassum to | Mendiffen. |
| Ari | | orporation |
| YOUR OF COrporation as correct | | bo extreme backgards com Inc |
| <u> </u> | | |
| (Document Numbe | r of Corporat | tion (if known) |
| Pursuant to the provisions of section 607.1006, I amendment(s) to its Articles of Incorporation: | Florida Statu | tes, this Florida Profit Corporation adopts the following |
| A. If amending name, enter the new name of th | e corporatio | on: |
| name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the dename must contain the word "chartered," "profess | signation "C | |
| B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A | | 4342 Melrose Ave Jackson ville Fl. 322/0 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | <u>BOX</u>) | P.O. Box 440984 Jacksonville Fla 32222 |
| D. If amending the registered agent and/or registered agent and/or the new registered | | |
| Name of New Ragistared Agent: | · | |
| New Registered Office Address: | (Flori | da street address) |
| | · | , Florida |
| | (City) | (Zip Code) |
| <u>Yew Registered Agent's Signature, if changing R</u> hereby accept the appointment as registered agent | tegistered A | <u>cent:</u> liar with and accept the obligations of the position. |

Page 1 of 3

Signature of New Registered Agent, if changing

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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: (Aftach additional sheets, if necessary) Type of Action Address. Title Name ☐ Add ☐ Remove D Add ☐ Remove D Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here; (strach additional sheets, if necessary). (Be specific) F. If an amendment provides for an exchange, reclassification, or capcellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)

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|---|---|
| The date of each amendment() Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were by the shareholders was/wer | e adopted by the shareholders. The number of votes east for the amendment(s) to sufficient for approval. |
| The amendment(s) was/were must be separately provided | e 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 | ast for the amendment(s) was/were sufficient for approval |
| by | , |
| | (voting 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 |
| DatedC | 12/9/12 |
| selcon | 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) |
| | Carroll by Stephens (Typed of printed name of person signing) |
| | (Title of person signing) |
| | |