NO. 8769

Page 1 of 1

Florida Department of State

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.

(((H12000025987 3)))



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

TOI

Division of Corporations

Fax Number

; (850)617-6380

From:

Account Name

: YOUR CAPITAL CONNECTION, INC.

Account Number: 120000000257

Phone Fax Number

: (850)224-8870 : (850)222-1222

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

Email	Address:	

COR AMND/RESTATE/CORRECT OR O/D RESIGN 444 ENERGY RESOURCES CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: 444 ENER	GY RESOURCES	CORPORATION
DOCUMENT NUM	BER: P1100004974	10	
The enclosed Articles	of Amendment and fee are su	abmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	RUSSELL ADLE	Ŕ	
		Name of Contact Person	1
	LAW OFFICE OF	RUSSELL B. A	DLER, P.A.
	-	Firm/ Company	
	P.O. BOX 17527		
	· · · · · · · · · · · · · · · · · · ·	Address	
	PLANTATION/ F	LORIDA 33318	,
	,	City/ State and Zip Code	B
RU	SS7@AOL.COM		
11.5		sed for future annual report	notification
For further information	u concerning this matter, pleas	se cail:	
RUSSELL AI	N ED	054	900 0064
		at (954	802-0361
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	payable to the Florida Depa	riment of State;
□ \$35 Filing Fee	\$43.75 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)
Mai	ling Address	Street	Address
	ndment Section sion of Corporations		ment Section n of Corporations
	Box 6327		Building
Tall	ahassee, FL 32314	2661 E	xecutive Center Circle
		Tallaha	ssee, FL 32301



January 31, 2012

FLORIDA DEPARTMENT OF STATE

444 ENERGY RESOURCES CORPORATION Division of Corporations 8881 N. LAKE DASHA DRIVE PLANTATION, FL 33324

SUBJECT: 444 ENERGY RESOURCES CORPORATION

REF: P11000049740

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 address is incomplete for the Registered Agent. Please add the entire City and State.

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) 245-6916.

Carol Mustain Regulatory Specialist II

FAX Aud. #: H12000025987 Letter Number: 812A00003352

Articles of Articles of Inco	* ************************************	Ĩ ≜ Î	12	
444 ENERGY RESOURCES CORPORA	TION	123	EEB.	
(Name of Corporation as currently filed with the Fl	lorida Dent. of State)		ι	三
P11000049740		Die Co		LIL E
(Document Number of Corporation (if	(known)	7	至	Ö
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the followi			(s) to
A. If amending name, enter the new name of the corporation:	ř	T		
FUELSTREAM, INC.		7340	new	
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "(word "chartered," "professional association," or the abbreviation "I	Co". A professional corporation name mus	abbrevia	tion	
B. Enter new principal office address, if applicable:	510 SHOTGUN RD #110	}		
(Principal office address MUST BE A STREET ADDRESS)	SUNRISE	_		ion
	FLORIDA 33326	_		
C. Enter new mailing address, if applicable: (Moiling address MAY BE A POST OFFICE BOX)	P.O. BOX 17527			
	PLANTATION			
	FLORIDA 33318	-		
D. If amending the registered agent and/or registered office address:				
Name of New Registered Agent 5/0 5H0 (Florida stre		•		
New Registered Office Address: 5UNKIS (City)	Florids 33326 (Dip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar w	i with and accept the obligations of the position	l.		
Signature of New Registered A	lgent, if changing			

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	PT	John Doe		
X Remove	¥	Mike Jones		
<u>X</u> Aðð	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	Address	
1) Change Add Remove		.		
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				<u>-</u> ,
5) Change Add Remove				
6) Change Add Remove				

	or adding additional A onal sheets, if necessary). (Be specific)	441 144 <u>2</u> .		
		······································			
		· · · · · · · · · · · · · · · · · · ·			
			 		
			Th		
<u>.</u>	· · · · · · · · · · · · · · · · · · ·		_		
	_				
·		<u> </u>			
		·			
i an amendig Orovisions fo	pent provides for an experime the an opplicable, indicate N/A)	change, reclassifica aendment if pot con	tion, or cancellatio taived in the aven	of issued shares, dment inelf;	
(if not ap					
(if not ap					
(If not ap					
(If not ap					
(If not ap					
(If not ap					
(If not ap					

	./	* J. a	
The date of each amendment(s) ad	option:	1112	
Effective date if applicable:			
	(no more than :	90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)		
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The	he number of votes cast for the amendment	(s)
The amendment(s) was/were app. must be separately provided for	roved by the shareholders thi each voting group entitled to	rough voting groups. The following staten o vote separately on the amendment(s):	ænt
"The number of votes cast i	for the amendment(s) was/we	ere sufficient for approval	
by	(voting group)	29	
	(voting group)		
The amendment(s) was/were adoption was not required.	pted by the board of director	rs without shareholder action and sharehold	ter
The amendment(s) was/were adopaction was not required.	pted by the incorporators wit	thout shareholder action and shareholder	
Dated 1/31/12	2		
Date	175		
Signature	Joseph State		_
selected		ficer — if directors or officers have not been the hands of a receiver, trustee, or other con y)	
	RUSSELL ADLE	R	
•	(Typed or printed	i name of person signing)	
	PRESIDENT		
-	(Title of person	m signing)	