## 11/000051642

(Requestor's Name)					
(Address)					
(Addre	ss)				
(City/S	tate/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Busine	ess Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special instructions to Filing Cannot e-mul	·				

Office Use Only



800211280718

08/26/11--01029--002 \*\*35.00

Amens



M9-154



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2011

ROY ALTERMAN ROY A. ALTERMAN, P.A. 2115 PALM BAY RD N E STE I E PALM BAY, FL 32905

SUBJECT: O'SULLIVAN HOMES, INC.

Ref. Number: P11000051642

We have received your document for O'SULLIVAN HOMES, 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 411A00020207



## **COVER LETTER**

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
NAME OF CORPORATION: O'Solidon	Homes, Inc
DOCUMENT NUMBER: P110000516	42
The enclosed Articles of Amendment and fee are submitted for filing	ng.
Please return all correspondence concerning this matter to the follo	wing:
Roy Alte	erman
Roy A. Altern Firm/Company	non, P.A.
2115 Palm Bay Ro	Y. NE Site 1 E
Palm Bay FL 3 / City/ State and Zip Code	2905
E-mail address: (to be used for future annual repo	o M rt notification)
For further information concerning this matter, please call:	
Name of Contact Person at (301) Area Code	2 & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the l	Florida Department of State:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee \&\bigcup \\$43.75 Filing Fee \\\$43.75 Filing Fee \&\bigcup \\$43.75 Filing Fee \\\$43.75 Fil	Certificate of Status
Mailing AddressStreet AddressAmendment SectionAmendment Section of CorporationsDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	ection rporations

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of A	mendment							
•	, to							
Articles of Inc	orporation 7/SEA							
O'Sallivan 1	lomes their som							
Articles of Incorporation  Of  OSULIVO HOMES TORICLES  (Name of Corporation as currently filed with the Florida Dept. of State)  PILOCOC SICOUS								
P11000051647								
(Document Number of Corpora								
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the following							
A. If amending name, enter the new name of the corporation	on:							
	The new							
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional association of the contain the word "corp."	orp," "Inc," or "Co". A professional corporation							
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	424 E. Central Blud. Suite # 118							
	Orlando, FL 32801							
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	424 E. Central Blud.							
	Suite # 118 Orlando, FL 32801							
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:								
494 E	Central Blud. Suite #118							
New Registered Office Address: (Flor	ida street address)							
<u>acland</u>	O, Florida 3280/ (Zip Code)							
N. Data Mark Grant Co.	• ,							
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam								
, , , , , , , , , , , , , , , , , , , ,								

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being nemoved and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Title . Name Address Type of Action \_ 🔲 Add ☐ Remove ☐ Add Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) 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)

The date of each amendment	(s) adoption:	June	10,0	011	
The date of each amendment  Effective date <u>if applicable</u> :		date of adoptio	n is required)		
Effective date <u>if applicable</u> :	(no more than 90 de	ays after amend	lment file date	?)	
Adoption of Amendment(s)	(CHEC	K ONE)			
The amendment(s) was/wer by the shareholders was/we			number of vo	otes cast for the	amendment(s)
The amendment(s) was/wer must be separately provided					
"The number of votes of	east for the amendme	ent(s) was/were	sufficient for	approval	
by			·"	,•	
	(voting group)				
The amendment(s) was/wer action was not required.	e adopted by the boa	ard of directors	without share	holder action an	ıd shareholder
The amendment(s) was/wer action was not required.	e adopted by the inco	orporators with	out sharehold	er action and sha	areholder
Dated	AUG 1St	201	1		
Signature		OWILLOW	7		
selec	a director, president cted, by an incorpora pinted fiduciary by th	tor – if in the h			
	Jose	Muh	CANY		_
	(Typed	or printed name	e of person sig	gning)	
		PRESIDEN 7			_
	(Title of per	rson signing)			