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(Re	equestor's Name)	
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OWISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section Division of Corporations	-	
NAME OF CORPORATION: BEAC		INC
DOCUMENT NUMBER: A/1000	068091	
The enclosed Articles of Amendment and fee ar	e submitted for filing.	•
Please return all correspondence concerning this	matter to the following:	
	Pukton Sime of Contact Person	<u> </u>
	Firm/ Company	
5234 NW	MEB ct. Address	
ART SAINT	- Lucie FL y/ State and Zip Code	34986
Andyb/50 ty	for future annual report notification)	
For further information concerning this matter, p	lease call:	
ANDREW BURTON Name of Contact Person	at (<u>954</u>) <u>653-4</u> Area Code & Daytime Tel	ephone Number
Enclosed is a check for the following amount ma	de payable to the Florida Depar	tment of State:
□\$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed
Mailing Address Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT, OF STATE Division of Corporations

August 23, 2011

ANDREW BURTON 5234 NW MEG CT. PORT SAINT LUCIE, FL 34986

SUBJECT: BEACON VIDEO INC. Ref. Number: P11000068091

We have received your document for BEACON VIDEO 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):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 111A00019685

Articles of Amendment to Articles of Incorporation

of

BEALON VID	FO IN	c	
(Name of Corporation as curr	ently filed with the Fl	orida Dept. of State)	Qu. V
P11000068C	91		17 180
(Document Nur	nber of Corporation (if	known)	1/2 ' C
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, th	is Florida Profit Corporation	adopts the Tollo
A. If amending name, enter the new name of REGIONAL	DNAKERT	ON INC.	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	e designation "Corp,"	"Inc," or "Co". A professio	
B. Enter new principal office address, if app (Principal office address MUST BE A STREE			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		· · · · · · · · · · · · · · · · · · ·	······
D. If amending the registered agent and/or new registered agent and/or the new regi		ess in Florida, enter the name	e of the
Name of New Registered Agent:			
New Registered Office Address:	(Florida str	eet address)	
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered a	<mark>ng Registered Agent:</mark> igent. I am familiar w	ith and accept the obligations	of the position.
$-\overline{s}$	ignature of New Regist	tered Agent, 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)

<u>Ti</u>	<u>Name</u>	Address	Type of Action
1	Name Sydwa Burton	MEG CT BAT	☐ Add Remove
1	4 / A	C.6294NIS MEG CT. PORT SMINT LUCIE FL34986	Add Remove
_			☐ Add ☐ Remove
E.	If amending or adding additional Articles, enter cattach additional sheets, if necessary). (Be specific		- (
_ 	- ANDREW BURTON	Accept	- (AB)
7	Lessetin As f	esident and	fully_
_			
F.	If an amendment provides for an exchange, reclar provisions for implementing the amendment if no (if not applicable, indicate N/A)	ssification, or cancellation of issu of contained in the amendment it	<u>self:</u>
			
			·

The date of each amendment(s) adoption:		
Effective date if applicable:	(date bf adoption is required)	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statemen for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	ooting group)	
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
selecte	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)	
<u>-</u>	(Typed or printed name of person signing) RESIDENT	