P11000073360

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |

Office Use Only



100212264761

09/19/11--01026--017 **35.00

Amend
Brown 9-20-11

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF COR | PORATION: | EQUITY 1ST INC | . | |
|--|--|---|--|--|
| DOCUMENT NUMBER: | | P11000073360 | | |
| The enclosed Artic | cles of Amendment and fee a | re submitted for filing. | | |
| Please return all co | orrespondence concerning thi | s matter to the following: | | |
| | | GAIL HEDGLIN | | |
| | | ame of Contact Person | | |
| | | | | |
| • | | Firm/ Company | _ | |
| | 8 | 318 BENOIT AVE | | |
| Address | | | | |
| | ORLANDO FL 32836 | | | |
| | C | ity/ State and Zip Code | | |
| | GAILHEDGLIN | I@WMCONNECT.COM d for future annual report notification) | | |
| | E-mail address: (to be use | d for future annual report notification) | | |
| For further inform | ation concerning this matter, | please call: | | |
| (| GAIL HEDGLIN | at (407) 2181030 | | |
| | e of Contact Person | Area Code & Daytime Telephone Nun | nber | |
| Enclosed is a chec | k for the following amount n | nade payable to the Florida Department of S | tate: | |
| □ \$35 Filing Fee | ☐ \$43.75 Filing Fee & Certificate of Status | (Additional copy is enclosed) Certific | Filing Fee cate of Status ed Copy conal 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 to **Articles of Incorporation** of

EQUITY 1ST INC

P11000073360

| • | Articles of Amendment |
|--|--|
| • • | Articles of Incorporation |
| | of 20// co. |
| | Articles of Amendment to Articles of Incorporation of QUITY 1ST INC currently filed with the Florida Dept. of State) P11000073360 Number of Corporation (if known) |
| | QUITY 1ST INC ALCOHOLD CURRENT STREET |
| | editently men with the Prorida Dept. of State) |
| | P11000073360 |
| • | Number of Corporation (if known) |
| rsuant to the provisions of section 607 nendment(s) to its Articles of Incorporation | 7.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the followion: |
| If amending name, enter the new nar | me of the corporation:- The new |
| pbreviation "Corp.," "Inc.," or Co.," o | tain the word "corporation," "company," or "incorporated" or the or the designation "Corp," "Inc," or "Co". A professional corporation "professional association," or the abbreviation "P.A." |
| rincipal office address MUST BE A ST | |
| | |
| | |
| | |
| Enter new mailing address, if applic | |
| (Mailing address <u>MAY BE A POST O</u> | <u>FFICE BOX</u>) |
| 9 | · |
| , | |
| | l/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: | GAIL HEDGLIN |
| | |
| New Registered Office Address: | (Florida street address) |
| | |
| | , Florida (City) (Zip Code) |
| | (Chy) (Zip code) |
| ew Registered Agent's Signature, if ch. | anging Registered Agent: |
| hereby accept the appointment as registe | red agenf. Ifam familiar with and accept the obligations of the position. |
| is a mapped on many control | Jay Holak |
| | . Signature of New Registered 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)

| Title | Name | Address | Type of Action |
|----------------------|---|---|-----------------------|
| PST | GAIL BUSTOS | 8618 BENOIT AVE ORLANDO FL 32836 | _ □ Add □ Remove |
| PST | GAIL HEDGLIN | 8618 BENOIT AVE ORLANDO FL 32836 | _ ☑ Add _ □ Remove |
| | | | _ |
| (attach a THIS WA | ding or adding additional Articles, additional sheets, if necessary). (Be S AN ERROR IN THE ORIGINATE OF STATES | specific) AL FILING. THE NAME WAS SU | PPOSE |
| | | | |
| provisi | | e, reclassification, or cancellation of is ent if not contained in the amendment | |
| | | | |
| | | - | |
| | | | |

| The date of each amendment(s |) adoption: |
|---|---|
| Effective date <u>if applicable</u> : | (date of adoption is required) |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) |
| The amendment(s) was/were by the shareholders was/wer | adopted by the shareholders. The number of votes cast for the amendment(s) e 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 Aotes ca | st 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 |
| action was not required. | adopted by the incorporators without shareholder action and shareholder |
| Dated | 9-15-2011 Dail Helghi |
| Signature | Sail Helghi |
| (By a select | 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 nted fiduciary by that fiduciary) |
| • | (Typed or printed name of person signing) |
| | (Typed or printed name of person signing) |
| | Pils |
| | (Title of person signing) |