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COVER LETTER

Division of Corporations						
NAME OF CORPORATION:	Biz4You, In	IC.				
DOCUMENT NUMBER: P1	100009440	7				
			· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles of Amenda		C				
Please return all correspondence	concerning this mat	ter to the following:				
Williar	m E. Shoem	naker				
		Name of Contact Person				
Fores	ight Busines	ss Services, Inc.				
	Firm/ Company					
1000	1000 Corporate Drive, Suite 330					
		Address				
Fort L	Fort Lauderdale, FL 33334					
City/ State and Zip Code						
weshoemaker@gmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning	ng this matter, pleas	e call:				
William E. Shoema	ker	at (954	, 491-0180			
Name of Contact	Person		le & Daytime Telephone Number			
Enclosed is a check for the follow	ving amount made p	payable to the Florida Depa	rtment of State:			
	3.75 Filing Fee & rtificate 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)			

TO: Amendment Section

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

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Biz4You, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

P11000094407

iment(s) to

(Document Number of	Corporation (if l	(nown)			
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	a Statutes, this F	lorida Profit Col	rporation add	opts the following a	ımendm
A. If amending name, enter the new name of the co	orporation:				
Bizcoop, Inc.				T	he nev
name must be distinguishable and contain the wor "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the	, " "Inc," or "C	o". A professio	or "incorpor nal corporat	ated" or the abbr	reviatio
B. Enter new principal office address, if applicable (Principal office address <u>MUST BE A STREET ADD</u>					
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u>(X</u>)				
D. If amending the registered agent and/or register new registered agent and/or the new registered		ss in Florida, er	iter the name	e of the	
Name of New Registered Agent		· - · · · · · -			
	(Florida stree	t address)			
New Registered Office Address:	 		, Florida		
	(City)			(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	I am familiar wi	th and accept th		of the position.	

The date of each amendment(s) adoption: November 1, 2012
Effective date if applicable: November 1, 2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by" (voting group)
(voting group)
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated November 2, 2012
Dated November 2, 2012 Signature St. E. Stromble
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
William E. Shoemaker
(Typed or printed name of person signing)
Director & President
(Title of person signing)