P11000106697

(Reque	stor's Name)	
(Addres	ss)	
(Addres	ss)	
(City/St	ate/Zip/Phone #)	
PICK-UP.	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	

Office Use Only



400215439504

12/29/11--01007--014 **52.50

TILEU
2011 DEC 29 PM 12: 01

Amend Brown

1-4-11

COVER LETTER

Division of Corporations
NAME OF CORPORATION: PUSY BCC SUBSICOLP. DOCUMENT NUMBER: P10001010697
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person BUSY PER SUPS CORP Firm/ Company GOZ SU SUP PLACE Address FLOVICA CHY FLOVICA City/ State and Zip Code COMMENT OF WAR CONTACT COMMENT OF WAR CONTACT COMMENT OF COMMEN
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: at (7810) 444-6388 Name of Contact Person at (7800) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status (Additional Copy is enclosed) \$35 Filing Fee & Certified Copy (Additional Copy is enclosed)

Mailing Address

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

SECRETAGE PHIROI **Articles of Amendment** to Articles of Incorporation filed with the Florida Dept. of State) (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 (Florida street address) New Registered Office Address: Florida (City) (Zip Code) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

Example:

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 <math>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.

X Change	<u>PT</u> <u>John I</u>	<u>Doe</u>		
X Remove	V Mike	<u>Jones</u>		
X Add	SV Sally	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove	CED	Chalene	Bund 900 SW Florida, CHY 53084	8th Diace Florda
2) Change Add Remove				
3) Change Add Remove				
4) Change Add Remove				
5) Change Add Remove				
6) Change Add Remove				<u> </u>

ttach additional sh	ling additional Art neets, if necessary).	(Be specific)	_		
	· · · · · · · · · · · · · · · · · · ·				

•					
				 	
		·			
					
'an amendment pr	ovides for an excl	nange, reclassific	ation or cancella	tion of issued sho	rac
<u>provisions for impl</u>	lementing the ame	endment if not co	ntained in the am	endment itself:	100
(іј пог аррисав	le, indicate N/A)	1/1			
		1 /H			
				·	
					
		· · · · · · · · · · · · · · · · · · ·			
				•	

The date of each amendment(s) adoption:
Effective date if applicable: 1220201
(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)
☐ 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 12,20,2011
Signature
(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)
Charles Dun
(Typed or printed name of person signing)
CEO
(Title of person signing)