# P12000015570

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#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ABOUT MA BER: P1200001557	AIN STREET, II 70	NC
The enclosed Articles	of Amendment and fee are sul	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	GARY D. ALEXA	ANDER	
•		Name of Contact Person	l
	ABOUT MAIN ST	TREET, INC.	
		Firm/ Company	
	4285 SW MART	IN HWY.	
		Address	
	PALM CITY, FL	34990	
•		City/ State and Zip Code	
TF	CHRIVERGUY@	GMAIL COM	
		ed for future annual report	notification)
			,
For further information	n concerning this matter, pleas	e call:	
GARY D. AL	EXANDER	772	3804320
	of Contact Person	at ( / / /	3804320 de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	rtment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate 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)
<u>Mai</u>	ling Address	Street	Address
Amendment Section		Amendment Section	
	Division of Corporations  Division of Corporations		-
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle		<u> </u>	
1 4111			issee, FL 32301

# **Articles of Amendment** Articles of Incorporation

## ABOUT MAIN STREET, INC.

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

### P12000015570

(Documen	t Number of Corporation	(if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendmen
A. If amending name, enter the new na	me of the corporation:		
N/A			ani.
name must be distinguishable and cont "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate	ation "Corp," "Inc," or	"Co". A professional corpo	
B. Enter new principal office address, (Principal office address MUST BE A ST		N/A	
(Frincipul Office audress MOST BE AS)	(REET ADDRESS )		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
D. If amending the registered agent an			ame of the
new registered agent and/or the new	N/A	<u>88:</u>	
Name of New Registered Agent	IN/A		<del>_</del>
	(Florida s	treet address)	_
New Registered Office Address:	N/A	, Florid	la.
New Registered Office Address.	(Cit)		(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist			ons of the position.
Siz	anature 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)

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 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add	PS	GARY D. ALEXANDER	. 4285 SW MARTIN HWY
X Remove			PALM CITY
2) Change	AT	JAMES MARTIN	2033 MAIN STREET
Add  X Remove		•	SUITE 404 SARASOTA, FL 34237
3) Change	CCEOP	ANDREW BADOLATO	2033 MAIN STREET SUITE 404
Remove			SARASTOA, FL 34237
4)Change	DV	JOHN R DORAN	2033 MAIN STREET
× Add Remove			SUITE 404 SARASOTA, FL 34237
5) Change	s	GARY D. ALEXANDER	4285 SW MARTIN HWY
X Add Remove	<u></u>		PALM CITY, FL 34990
6) Change × Add	<u>T</u>	MICHAEL S. ALEXANDER	4285 SW MARTIN HWY PALM CITY, FL 34990
Remove			**************************************

E. If spending or adding additional Arti (attach additional sheets, if necessary).	(Be specific)
	·
F. If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and and an analysis in the amendment itself:

The date of each amendment(s)	doption: MAY 8, 2012	
Effective date if applicable: MAY 8, 2012		
Enocate date in apparents.	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
	proved by the shareholders through voting groups. The following statement 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 adaction was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
Dated MAY	8, 2012	
Signature	Hand Wyand	
(By a	irector, president or other officer - if airectors or officers have not been	
	d, by an incorporator – if in the hands of a receiver, trustee, or other court led fiductary by that fiduciary)	
	GARY D. ALEXANDER	
	(Typed or printed name of person signing)	
	SECRETARY	
	(Title of person signing)	