P12000017017

| (Re | equestor's Name) | |
|---|--------------------|-------------|
| (Address) | | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
| | , | |
| | | |
| | | |

Office Use Only



000238748860

Cpc. 09/07/12--01011--001 **35.00

2 Septao AMII: 1

0CT 03 2012'
T. LEMIEUX

COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: BEE-HIVE INC DOCUMENT NUMBER: <u>P120001</u>7017 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ROSNAWN D. CNAMPION
Name of Contact Person Address For further information concerning this matter, please call: at (503) 421 - 2677

Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



September 13, 2012

RASHAWN CHAMPION P.O. BOX 1377 ORLANDO, FL 32802

SUBJECT: BEE-HIVE INC Ref. Number: P12000017017

We have received your document for BEE-HIVE 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):

This is a Corporation not a LLC the document you sent in is not correct.

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) 245-6050.

Letter Number: 412A00023123

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org

Articles of Amendment to Articles of Incorporation of

| BEE-HIVE INC. | |
|---|---|
| (Name of Corporation as currently filed with the | Florida Dept, of State) |
| P12000017017 | |
| (Document Number of Corporation | (if known) |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this tits Articles of Incorporation: | is Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| ADIS Mellitera (Bee-Hive) 1 | nc. The new |
| name must be distinguishable and contain the word "corporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation | ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the |
| B. Enter new principal office address, if applicable: | 1725 Marcia drive |
| (Principal office address <u>MUST BE A STREET ADDRESS</u>) | orlando. Florida |
| | 32807 |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | po box 1377 |
| | orlando Florida 32802 |
| D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre | dress in Florida, enter the name of the ss: |
| Name of New Registered Agent RASMAWN L |). Champion |
| 1725 March | aio drive |
| New Registered Office Address: DY LANCO (City | y) , Florida 32807 (Zip Code) |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familian Signature of New Registered | r with and accept the obligations of the position. |

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.

| X Change | <u>PT</u> J | John Doe | |
|----------------------------|---|--------------------|--|
| X Remove | <u>Y</u> 1 | Mike Jones | |
| X Add | <u>sv</u> <u>s</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | <u>V</u> | Demetrius J. Scott | 4688 Pleasant |
| Add | | | Valley CT |
| Remove | | | Orlando, 719 3281 |
| 2) Change | <u>, </u> | _ | |
| Add | | | • • |
| Remove | | | - |
| 3)Change | | | |
| Add | | | The state of the s |
| Remove | | | , |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | icles, enter change(s) here: (Be specific) |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | *************************************** |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| <u>n amendment provides for an exch</u> | nange, reclassification, or cancellation of issued shares, |
| ovisions for implementing the ame | nument a not contained in the amenument asett. |
| ovisions for implementing the ame (if not applicable, indicate N/A) | |
| ovisions for implementing the ame | |

| The date of each amendment(s) a | doption: 9/3/12 |
|--|--|
| Effective date <u>if applicable</u> : | |
| | (no more than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| ☐ The amendment(s) was/were add by the shareholders was/were su | opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval. |
| ☐ The amendment(s) was/were app must be separately provided for | 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 add action was not required. | opted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were add action was not required. | opted by the incorporators without shareholder action and shareholder |
| Dated | 1/3/12 |
| Signature . | 1 |
| (By a d selected | irector, president or other officer — if directors or officers have not been d, by an incorporator — if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary) |
| 1 | (Typed or printed name of person signing) |
| Ĩ | Director of Board / Owner (Title of person signing) |