

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000213826 3)))



H120002138263ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: BLALOCK, WALTERS, HELD & JOHNSON, P.A.

Account Number : 076666003611

Phone Fax Number ; (941)748-0100

: (941)745-2093

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	_			

## COR AMND/RESTATE/CORRECT OR O/D RESIGN BDSRCO, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

IAUG 28 2012

Electronic Filing Menu

Corporate Filing Menu

Help

C. MUSTAIN

## Articles of Amendment to Articles of Incorporation

DOING, ING.	El-da Dont of State)			
(Name of Corporation as currently filed with the P12000054415	Fiorida Dept. 01 State)			
(Document Number of Corporation	(if known)			
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	•	llowing ame	ndment(	s) t
A. If amending name, enter the new name of the corporation:				
N/A		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	"Co". A professional corporation name	the abbrevi	atibiP	
	N/A	1	N	1
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		i	70	
			1 Hd	C
			÷.	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	<u>2</u> 00	, <b>5</b> 7	
D. If amending the registered agent and/or registered office ad new registered agent and/or the new registered office addre				
Name of New Registered Agent N/A				
(Florida	street address)			
	•			
New Registered Office Address: (Cit	y) Florida(Zip Co.	de)		
New Registered Agent's Signature, if changing Registered Agen	nt:			
I hereby accept the appointment as registered agent. I am familia		ition.		
Signature of New Registered	d Agent, if changing			

Page 1 of 4

Fax Audit # (((H120002138263)))

lf amehding th	e Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, an
•	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:	, (2714 1542)	y Dinairi,	ы из ин лии.	
X Change	<u>PT</u>	John Do	De.	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	DST	• ·	MARY STAWIKEY	1806 38TH AVENUE EAST BRADENTON FL 34206
Add				
X Remove				
2) X Change	PST	<u> </u>	MICHAEL MADDALONI	1806 38TH AVENUE FAST BRADENTON FL 34208
Add				
Remove				
3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		<del></del>		
Add				
Remove				

Fax Aud+# (((H12000213826 3)))

## Fax Audit 4((H12000213826 3)))

<ul> <li>If amending or adding additional Article (Attach additional sheets, if necessary).</li> </ul>	(Be specific)	
N/A		
		<del></del>
<u> </u>		
<u> </u>		
•		
,		
<u> </u>		
		•
·.		
If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,	
provisions for implementing the ame (if not applicable, indicate N/A)	ndment if not contained in the amendment itself:	
I/A		
	·	
·		
		.,

Fax Audit 4((( H12000 213826 3)))

ne care in each amendmend(1) SC	AUGUST 23, 2012
Mective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	pled by the shareholders. The number of votes east for the amendment(s) flicient for approval.
	woved 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)
action was not required.  The amendment(s) was/were ado section was not required.	pted by the incorporators without shareholder action and shareholder
	ST 23, 2012
Dated AUGU	ST 23, 2012 Michael Maddala
Dated AUGU  Signature  (By a di	
Dated AUGU Signature (By a di	muhail maddle.  breator, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)  MICHAEL MADDALONI
Dated AUGU Signature (By a di	irector, president or other officer – if directors or officers have not been 1, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)