P12000076519

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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SECRETARY OF STAIL OF VIEION OF CORPORATION

Amend

NOV 1 9 2012 T. BROWN

COVER LETTER

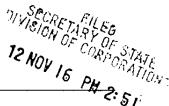
TO: Amendment Section Division of Corporations NAME OF CORPORATION: Beyond Expectations Inc. DOCUMENT NUMBER: P12000076519 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Karen Reid Name of Contact Person Beyond Expectations Inc. Firm/ Company P.O. Box 259 Address Shalimar, FL 32579 City/ State and Zip Code bebilling@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Karen Reid Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & **\$35** Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

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



Beyond Expectations Inc.

Boyona Expediations inc.	Physical	
(Name of Corporation as currently filed with the	Florida Dept. of State)	
P12000076519	,	
(Document Number of Corporation	(if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, thi its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)	
A. If amending name, enter the new name of the corporation:		
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 must contain the "P.A."	
B. Enter new principal office address, if applicable:	44 Shell Ave	
(Principal office address MUST BE A STREET ADDRESS)	Fort Walton Beach, FL 32548	
C. Enter new mailing address, if applicable:	P.O. Box 259	
(Mailing address MAY BE A POST OFFICE BOX)		
	Shalimar, FL 32579	
D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre		
Name of New Registered Agent Karen Reid	Karen Reid	
44 Shell Ave.		
(Florida s	street address)	
New Registered Office Address: Fort Walton Be	each , Florida 32548	
	, , , , , , , , , , , , , , , , , , , ,	

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

(City)

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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	D	Gerald Black	
Add			
X Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	•		
Remove			
6) Change			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
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If an amendment provides for an exch	nange, reclassification, or cancellation of issued shares,
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the amer	nange, reclassification, or cancellation of issued shares, and and and an and an analysis in the amendment itself:
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provisions for implementing the ameral (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
provisions for implementing the ameral (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:

The date of each amendment(s) adoption: 11/11/2012				
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 a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.			
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):			
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval			
by	(voting group)			
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder			
Dated_11/1	1/2012			
Signature K	aren Reil			
selec	a director, president or other officer – if directors or officers have not been cted, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)			
	Karen Reid			
	(Typed or printed name of person signing)			
	Director			
	(Title of person signing)			