(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Ви	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
•	Office Use Onl	v



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COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION:	The	Hay man	Comp	any	
		- January			•
DOCUMENT NUMBER:	P34	714			
The enclosed Articles of Amendmen	and fee are	submitted for filing	g.		
Please return all correspondence con	cerning this	matter to the follow	ing:		
ن	Nai	me of Contact Person			
The	. Начт	nan Comp	oany		
5700	Crow	KS Road Address	#400	0	
Troy	· MI	Y State and Zip Code	98.		· · · · · · · · · · · · · · · · · ·
S (E-mail addre	ss: (to be used	May man Co	notification)		
For further information concerning t	his matter, p	olease call:			
Judy Biretto Name of Contact Person		at (248)	879-	フフフフ	
Name of Contact Person		Area Code	& Daytime Tele	phone Number	•
Enclosed is a check for the following	g amount ma	nde payable to the F	lorida Departı	ment of State:	
\$35 Filing Fee \$43.75 Filing Certificate of		□\$43.75 Filing Fe Certified Copy (Additional copy		\$52.50 Filing Certificate of Certified Cop (Additional C	Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Sec Division of Cor Clifton Building 2661 Executive	ction porations B	.	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

	2.	F	LED	
	INSEOS.	JAN 24	100	,
	- (LAK) -	TAPA SSEFE	AM 9:28	,
)		·	4M 9: 28	

	AFIASSEE TO
(Name of Corporation as currently filed with the Florida Dept. of	of State) '\(\zeta\)
P 34714	
(Document Number of Corporation (if known)	
rsuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Properation</i> :	rofit Corporation adopts the foll
If amending name, enter the new name of the corporation:	
	The new
ame must be distinguishable and contain the word "corporation," "compa obreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Come must contain the word "chartered," "professional association," or the abbr	o". A professional corporation
Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)	
	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
If amending the registered agent and/or registered office address in Florid new registered agent and/or the new registered office address:	a, enter the name of the
	a, enter the name of the
new registered agent and/or the new registered office address: Name of New Registered Agent:	a, enter the name of the
new registered agent and/or the new registered office address:	
new registered agent and/or the new registered office address: Name of New Registered Agent:	a, enter the name of the , Florida

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)

<u>Title</u>	<u>Name</u>	Address	Type of Action
19	Steven Cohen	5700 Crooks 12d Sute 400 Troy, MI 48098	Add Remove
			Add Remove
			_
	iding or adding additional Articles, ent additional sheets, if necessary). (Be spe		
provis	mendment provides for an exchange, rions for implementing the amendment not applicable, indicate N/A)		
			without and the second
3 NOS-NOS-Nos-namentamente rendregar			

The date of each amendment(s	s) adoption:	January 1	, 2011
	(date	of adoption is requir	ed)
Effective date <u>if applicable</u> : _	(no more than 90 days o	nfter amendment file (late)
Adoption of Amendment(s)	(CHECK O	NE)	
The amendment(s) was/were by the shareholders was/wer	adopted by the sharehoe sufficient for approva	olders. The number o	f votes cast for the amendment(s)
The amendment(s) was/were must be separately provided			g groups. The following statement stely on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient	for approval
bγ`		,,,	
by	voting group)		
The amendment(s) was/were action was not required.	adopted by the board of	f directors without sh	nareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorpo	rators without shareh	older action and shareholder
Dated	1-12-2	011	
selec		- if in the hands of a	tors or officers have not been receiver, trustee, or other court
ч рр	AZAV (Typed or p	rinted name of person	
	(Title of person	TRE signing)	MSURER