P92000012376

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Re	equestor's Name)	
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	ldress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	ldress)	, <u>" "</u>
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Certified Copies Certificates of Status	(Bu	siness Entity Nar	me)
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Special Instructions to Filing Officer:	Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEF, FI OBIA

Amend

TB

10/27/08

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SAMSON ME	G. CORP.	+
DOCUMENT NUMBER: <u>P92000012376</u>		
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	,
Please return all correspondence concerning this m	atter to the following:	
	Y A COOKE ontact Person)	
·	,	
SAMSON	MFG. CORP.	
(Firm/ C	Company)	
2237 .I	& C BLVD	
	dress)	
·	,	
NADIES	S, FL 34109	
	and Zip Code)	
For further information concerning this matter, ple		
TIMOTHY A COOKE	_at (239) <u>596-8282</u>	
(Name of Contact Person)	(Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount made	e payable to the Florida Depart	ment of State:
S35 Filing Fee \$43.75 Filing Fee & Certificate of Status Letter ATTROHED	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (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 Circl Tallahassee, FL 32301	e



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2008

TIMOTHY A COOKER SAMSON MFG. CORP. 2237 J & C BLVD NAPLES, FL 34109

SUBJECT: SAMSON MFG. CORP.

Ref. Number: P92000012376

We have received your document for SAMSON MFG. CORP. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6925.

Letter Number: 508A00053739

Teresa Brown Regulatory Specialist II

Articles of Amendment to Articles of Incorporation of

of	ALLANDIAN PH 3
SAMSON MFG. CORP.	\\ \frac{\sigma_{S_{E_{i}}} \cdot \cdot \cdot \sigma_{S_{i}}}{\sigma_{S_{i}}} \\ \frac{\sigma_{S_{i}}}{\sigma_{S_{i}}} \\ \frac{\sigma_{S_{i}}}{\sima_{S_{i}}} \\ \frac{\sigma_{S_{i}}}{\sigma_{S_{i}}} \\ \frac{\sigma_{S_{i}}}{\sigma_{S_{
(Name of Corporation as currently filed with the Florida Dept. of State)	ORIN
P92000012376	₩.

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the

(Document Number of Corporation (if known)

new name must be distinguishable a			
corporated" or the abbreviation "Corp.," o". A professional corporation name ociation," or the abbreviation "P.A."			
Enter new principal office address, if app incipal office address <u>MUST BE A STREE</u>			
	-		
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)			
•	_		
	_		
If amending the registered agent and/or r new registered agent and/or the new regis			nter the name of the
			nter the name of the
	stered office addr		nter the name of the
<u>Name of New Registered Agent:</u>	stered office addr	ess: a street address)	 , Florida
<u>Name of New Registered Agent:</u>	stered office addr	ess: a street address) (City)	

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>	<u>Address</u>	Type of Action
S ASHBY, JACK I	530 HARBOUR DI NAPLES, FL 3410	
S SILVANA COOP	XE 2237 J & C BLVD NAPLES, FL 3410	9 Add Remove
(attach additional sheets, if neces	sury). (Be specific)	
F. If an amendment provides for	an exchange, reclassification, or cancella	tion of issued shares,
(if not applicable, indicate N	he amendment if not contained in the ame N/A)	endment itsell:
N/A		

Th	e date of each amendment	(s) adoption: 10/20/2008
Effective date if applicable:		<u> </u>
		(no more than 90 days after amendment file date)
Ad	loption of Amendment(s)	(CHECK ONE)
	The amendment(s) was/web by the shareholders was/web	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
		re approved by the shareholders through voting groups. The following statement d for 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	
Œ	The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder
	The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
	sele	a director, president or other officer – if directors or officers have not been exted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
		TIMOTHY A COOKE (Typed or printed name of person signing)
		PRESIDENT
		(Title of person signing)