# P93000015614

| (Requestor's Name)  |
|---|
| (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:  By lowers were attached  Called 12/9 addised bylows  rot filed with the iffice  not filed with the iffice  the fed 5 com a mendment,  The by laws were returned, |

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SECRETARY OF STATE

Amerel News 12-9-29

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF COR                  | PORATION:                                  | T.J. Drafting & Design,   | Inc.  |
|------------------------------|--|---|---|
| DOCUMENT NU                  | J <b>MBER:</b>                             | P93000015614  |   |
| The enclosed Artic           | cles of Amendment and fee a                | are submitted for filing.   |   |
| Please return all co         | orrespondence concerning th                | is matter to the following:   |   |
|                              |  | Dennis J. Calnan  |   |
|                              | IN.  | varie of Contact Person   |   |
| T.J. Drafting & Design, Inc. |  |   |   |
|                              | Firm/ Company                              |   |   |
| 24612 E. Colonial Drive      |  |   |   |
| Address                      |  |   |   |
|                              | Christmas, FL 32709                        |   |   |
|                              | City/ State and Zip Code                   |   | <del></del>   |
| <del></del>                  | dcalnae<br>E-mail address: (to be use      | n@tjinc-eng.com d for future annual report notification)  |   |
| For further information      | ation concerning this matter,              | please call:  |   |
| D                            | ennis J. Calnan                            | at ( 407 ) 5  Area Code & Daytime Tel   | 68-1112   |
| ' Name                       | of Contact Person                          | Area Code & Daytime Tel   | lephone Number  |
| Enclosed is a chec           | k for the following amount n               | nade payable to the Florida Depar   | tment of State:   |
| ☑ \$35 Filing Fee            | \$43.75 Filing Fee & Certificate of Status | \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)                                       | □ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| P.O. Box 6                   | nt Section<br>f Corporations               | Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle | le  |

Tallahassee, FL 32301

## **Articles of Amendment** to

**Articles of Incorporation** 

|   | Articles of Incorporatio<br>of | TALLAHARY OF THE                               |
|---|--------------------------------|--|
| T.I. Drafti   | ng & Design, Inc.              | 700c   |
| (Name of Corporation as curre   | <del></del>                    | a Dept. of State)                              |
|   | 000015614                      | SECRETARY OF                                   |
|   | nber of Corporation (if kno    |  |
| Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:  | 6, Florida Statutes, this Fi   | lorida Profit Corporation adopts the following |
| A. If amending name, enter the new name of  | f the corporation:             |  |
| name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro | e designation "Corp," "Inc     | e," or "Co". A professional corporation        |
| B. Enter new principal office address, if app<br>(Principal office address <u>MUST BE A STREE</u>                                   |                                | <del></del>                                    |
| C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFICE)  |                                |  |
| D. If amending the registered agent and/or r<br>new registered agent and/or the new regis   |                                | n Florida, enter the name of the               |
| Name of New Registered Agent:   |                                |  |
| New Registered Office Address:  | (Florida street a              | address)                                       |
|   | (City)                         | , Florida<br>(Zip Code)                        |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a                                       |                                | and accept the obligations of the position.    |
| <u> </u>  | Signature of New Registered    | d 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 |
|--------------|---|---------|----------------|
|              | See Attached List of Change   |         |                |
|              | <del></del>   |         |                |
|              |   |         |                |
| (attach ad   | ing or adding additional Articles, enter  | ific)   |                |
|              |   |         |                |
|              |   |         |                |
| provisio     | endment provides for an exchange, reconst for implementing the amendment if applicable, indicate N/A) |         |                |
|              |   |         |                |
|              |   |         |                |
|              | <del></del>   |         |                |

## T.J. Drafting & Design, Inc.

#### Document Number P93000015614

## **Amending of Officers and Directors**

#### Additions -

| Title                                       | Name                  | Address                                 | Add/Remove |
|---|-----------------------|---|------------|
| President, CEO,<br>Secretary, Director      | Naren Shahani         | 1 Lake Potomac Ct.<br>Potomac, MD 28054 | Add        |
| Treasurer, Director<br>Vice President       | Rita Shahani          | 1 Lake Potomac Ct.<br>Potomac, MD 28054 | Add        |
| Vice President                              | Anatalio R. Dela Cruz | 6040 Ranchwood Dr.<br>Cocoa, FL 32926   | Add        |
| Removals                                    |                       |   |            |
| President, Director<br>Treasurer, Secretary | Anatalio R. Dela Cruz | 6040 Ranchwood Dr.                      | Remove     |

| The date of each amendmen               | t(s) adoption: December 1, 2009  |
|---|--|
| • Effective date <u>if applicable</u> : | December 1, 2009   |
| *************************************** | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                | (CHECK ONE)  |
|   | ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.  |
|   | ere approved by the shareholders through voting groups. The following statement ed 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                                      | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| •                                       | (voting group)   |
| action was not required.                | ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder |
| Signature _                             | ember 2, 2009  a director, president or other officer – if directors or officers have not been   |
| sel                                     | ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)                                      |
|   | Naren Shahani  |
|   | (Typed or printed name of person signing)  |
|   | President, CEO, Director   |
|   | (Title of person signing)  |