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(Re	equestor's Name)			
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Amend

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LOGISTICA	L KECOVERY SYSTEMS, INC			
DOCUMENT NUMBER: P9300007	1032			
The enclosed Articles of Amendment and fee are submit	tted for filing.			
Please return all correspondence concerning this matter	to the following:			
NORMAN D MC	CLUSKEY ntact Person			
LOGISTICAL RECON	VERY SYSTEMS INC			
PO Box 551030				
Add	lress			
•	nd Zip Code STICAL RECOVERY. NET			
For further information concerning this matter, please c	all:			
Name of Contact Person at a	Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made pay	able to the Florida Department of State:			
Certificate of Status	43.75 Filing Fee & S52.50 Filing Fee Certified Copy Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)			
Amendment Section Am Division of Corporations Div P.O. Box 6327 Cli Tallahassee, FL 32314 266	eet Address endment Section ision of Corporations fron Building 1 Executive Center Circle lahassee, FL 32301			

Articles of Amendment Articles of Incorporation

2005 OEC 30 AM 10: 47

LOGISTICAL RECOVERY SYSTEMS, INC. (Name of Corporation as currently filed with the Florida Dept. of State)

P93000071032

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

me must contain the word "chartered," "pro		"company," or "incorporated" " or "Co". A professional corpo the abbreviation "P.A."
Enter new principal office address, if apprincipal office address MUST BE A STREE		
	·	
Enter new mailing address, if applicable		
(Mailing address MAY BE A POST OFFI	<u>CE BOX</u>)	
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)	
		Florida, enter the name of the
	registered office address in	Florida, enter the name of the
If amending the registered agent and/or r	registered office address in	Florida, enter the name of the
If amending the registered agent and/or r new registered agent and/or the new regis	registered office address in	
If amending the registered agent and/or renew registered agent and/or the new registered agent and/or the new registered Agent:	registered office address in stered office address:	

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
VP_	MATTHEW MCCLUSKEY	6817 SOUTHFOINT PKWY STE 1904 JACKSONVILLE FL 3	☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	ding or adding additional Articles, ente dditional sheets, if necessary). (Be spe		
provisi	mendment provides for an exchange, reons for implementing the amendment into applicable, indicate N/A)		

The date of each amendment(s) adoption:	DEC 1, 2009
The date of each amendment(s) adoption:	(date of adoption is required)
(no more that	n 90 days after amendment file date)
(
Adoption of Amendment(s)	CHECK ONE)
The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.
	y the shareholders through voting groups. The following statemen ing group entitled to vote separately on the amendment(s):
"The number of votes cast for the arr	nendment(s) was/were sufficient for approval
by	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
by(voting group)
action was not required.	the board of directors without shareholder action and shareholder the incorporators without shareholder action and shareholder
Signature	esident of other officer – if directors or officers have not been
selected, by an inc	corporator – if in the hands of a receiver, trustee, or other court
· · · · · · · · · · · · · · · · · · ·	ry by that fiduciary)
_ NoR	MAN D McCLUSKEY Typed or printed name of person signing)
(Typed or printed name of person signing)
-PRE	SIDENT e of person signing)
(Title	e of person signing)