# P9400065311

(Re	equestor's Name)	
. (Ac	Idress)	
( <b>A</b> c	ldress)	
(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
. (Bu	ısiness Entity Nam	ne)
·· (Dc	ocument Number)	
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SECRETARY OF STATE
ALLAHASSEE, FLORE



### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	VALTRON, CORPORATION			
DOCUMENT NUMBER:	VALTRON, CORPORATION P94000065311			
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning to	this matter to the following:			
DSCAR	Name of Contact Person)			
WALTRON CORP.  (Firm/Company)				
13201 5W 30 Ct. (Address)				
DAU(E FL 33330 (City/ State and Zip Code)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matte	er, please call:			
(Name of Contact Person)	at (954) 448 -0 50 / (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount	made payable to the Florida Department of State:			
\$35 Filing Fee Certificate of Status	& \$\sumsymbol{\simsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\symbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{\sumsymbol{			
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		•	
NACTRO	) <u>)</u>	CORPORA	4TLON	
(Name of Corporation as current)	ly filed with t	he Florida Dept. of Sta	<u>ite</u> )	
(Document Number	cr of Corporati	0653/ on (if known)		
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Incor		this Florida Not For P	rofit Corporation adopts	
A. If amending name, enter the new name of th	ie corporation	<u>ı:</u>		
The new name must be distinguishable and conta abbreviation "Corp." or "Inc." "Company" or "			orporated" or the	
			4). KENNEDY	R11/1
B. Enter new principal office address, if applica (Principal office address <u>MUST BE A STREET A</u>		Suite. 37		00,0
		TAMPA F	TL 33609	
		NALTRON	•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	: ROX)	13201 5		
The state of the s	<u> </u>	DAVIE	FL 33330	
D. If amending the registered agent and/or reginew registered agent and/or the new register			ter the name of the	
Name of New Registered Agent:			_	
·				
New Registered Office Address:	(Floria	da street address)		
	······································		, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing l I hereby accept the appointment as registered as position.			pt the obligations of the	
			**	
Sign	nature of New	Registered Agent, if cha	inging LA	
	Page 1 of 3		F) EP 21 ASSEE	

# 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>	Name	Address	Type of Action
PD	NALLS, STEVEN P.	23110 SR 54 #315 WIZ FL3354	_ ☐ Add  Remove
	<del></del>		_
E. If amend (attach ad	ing or adding additional Articles, enter ditional sheets, if necessary). (Be specif	change(s) here:	

The date of each amendment(s) adoption:	1 2	ONE	2009
Effective date if applicable:	(date of adoption	n is required) ハンG	2009
	ore than 90 days afte	r amendment fi	le date)
Adoption of Amendment(s) (C	HECK ONE)		
The amendment(s) was/were adopted by the was/were sufficient for approval.	e members and the r	number of votes	cast for the amendment(s)
There are no members or members entitled adopted by the board of directors.	I to vote on the ame	ndment(s). The	amendment(s) was/were
Dated	109		
Signature	)R/M		· <del>-</del>
(By the chairman o have not been selection		ator - if in the	ent or other officer-if director hands of a receiver, trustee, o
	95 CAP yped or printed nam		ing)
<i>i</i>	)   RECTOR		ETARY