

P95000060025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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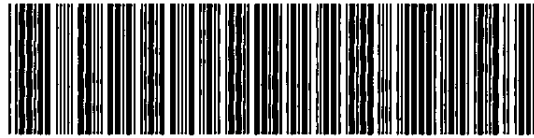
(Business Entity Name)

(Document Number)

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AND  
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09 DEC -8 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Ames*  
*12/21/09*  
*TL*

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: FLORIDATA CAPITAL ASSETS GROUP, INC.

DOCUMENT NUMBER: P95000060025

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMMY GAIL

(Name of Contact Person)

FLORIDATA CAPITAL ASSETS GROUP, INC.

(Firm/ Company)

2085 C.R. 753 SOUTH

(Address)

WEBSTER, FL 33597

(City/ State and Zip Code)

tammyg@floridata.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMY GAIL

(Name of Contact Person)

at ( 813 ) 477-6111

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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)

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 19, 2009

TAMMY GAIL  
2085 C.R. 753 S  
WEBSTER, FL 33597

SUBJECT: FLORIDATA CAPITAL ASSETS GROUP, INC.  
Ref. Number: P95000060025

We have received your document for FLORIDATA CAPITAL ASSETS GROUP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of your document is missing.

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) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 609A00036067

RECEIVED

2009 DEC -8 AM 8:00

DEPT OF STATE  
TAMMY GAIL  
WEBSTER, FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FLORIDATA CAPITAL ASSETS GROUP, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

P95000060025

(Document Number of Corporation (if known))

APPROVED  
AND  
FILED  
09 DEC -8 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_  
(Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

(Attach additional sheets, if necessary)

(attach additional sheets, if necessary). (Be specific)

Page 2 of 3

The date of each amendment(s) adoption: OCTOBER 1, 2009

Effective date if applicable: DECEMBER 1, 2009  
(date of adoption is required)  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated NOVEMBER 19, 2009

Signature Tammy Gail  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

TAMMY GAIL  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)