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(Requ	estor's Name)	
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(City/s	State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

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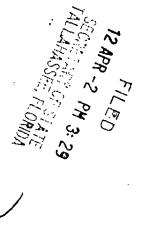


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DEPARTMENT OF STATE
DEVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

'APR 2 2012 C. MUSTAIN



## **COVER LETTER**

Division of Corporations NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Address For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & \$52.50 Filing Fee ☐ \$35 Filing Fee □\$43.75 Filing Fee & Certified Copy Certificate of Status Certificate of Status (Additional copy is Certified Copy

enclosed)

**Mailing Address** 

TO: Amendment Section

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

(Additional Copy

is enclosed)

## **Articles of Amendment** Articles of Incorporation of

ent(s) to

(Document Number of Corporation (i	if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendm
A. If amending name, enter the new name of the corporation;	
n/A	The nev
name must be distinguishable and contain the word "corporatio" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	<u> </u>
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Av
C. Enter new mailing address, if applicable:	n/A
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	- 1111 S
	25 <b>4</b>
	10 I E
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
2/2	_
Name of New Registered Agent [] [/7	
(Florida str	eet address)
New Registered Office 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.
n/A	
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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT Joh	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ce Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
Change Add Remove		mary segers	923 DAK AVE PANAMA CITY, FL 32401
2) Change Add Remove	<u>S</u>	Melissa Hersrud	3115 LANNIS (AND PANAMA CITY, FC
3 ) Change Add Remove	A		
4) Change Add Remove		· · · · · · · · · · · · · · · · · · ·	
5) Change Add Remove		<del> </del>	
6) Change Add Remove			

If amending or adding additional Art attach additional sheets, if necessary).		- NA	
	*		
		<del></del>	
			<del>v - v</del>
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			**************************************
f an amendment provides for an exch	nange, reclassification	. or cancellation of issued	shares.
provisions for implementing the ame	ndment if not contain	ed in the amendment itse	<u>f:</u>
550e 1090 of comp	April shara	s to each of	the following
MARILSENERS	James	<u> </u>	
Mary Segers '			
	· · · · · · · · · · · · · · · · · · ·		
**************************************			
·			

The date of each amendment(s) adoption: 3/31/12		
Effective date if applicable:		
<u> </u>	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adby the shareholders was/were so	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.	
	proved by the shareholders through voting groups. The following statement reach 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)	
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adaction was not required.	opted by the incorporators without shareholder action and shareholder	
Dated 3/29	12012	
Signature Si	Turned	
	lirector, president or other officer - if directors or officers have not been	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other court	
appoin	ated fiduciary by that fiduciary)	
	STEVE Tucker	
	(Typed or printed name of person signing)	
	Pres	
	(Title of person signing)	