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COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: BOSC COR PORATION
DOCUMENT NUMBER: P9500094934
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melissa HART Name of Contact Person
ABACUS BUSINESS TAX SERVICES UC
105 TT AVE N.E.
RUSKIN FL 33570
City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: MEUSSA HART at (813) 645-4000 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Sectificate of Status Status Status Status Status Status Status Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of OR PORATION (Name of Corporation as currently filed with the Florida Dept. of State) (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:

ame must be distinguishable and contain t bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj	designation "Corp," "Inc,"	or "Co". A professional corpora
Enter new principal office address, if application of the contraction		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		
If amending the registered agent and/or r new registered agent and/or the new regis		Florida, enter the name of the
		Florida, enter the name of the
•		dress)
<u>Name of New Registered Agent:</u>	tered 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)

Title	Name	Address	Type of Action
<u>SD</u>	MEUSSA SCIUGA	PO BOX 1362 RUSKIN FL 33575	Add Remove
	***************************************		_ □ Add _ □ Remove
***************************************			_
	ng or adding additional Articles, enter ditional sheets, if necessary). (Be speci		
provisio	endment provides for an exchange, recons for implementing the amendment if applicable, indicate N/A)		
All	PER CHANG 100 SHARES STEVE SCI	WILL NOI	
 			

The date of each amendment	(s) adoption: 5- -
Effective date <u>if applicable</u> :	5- - (date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):
•	cast for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_5	-13-11
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	STEVE SCIUGA (Typed or printed name of person signing)
	P.D.
	(Title of person signing)