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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BRICK CITY PAWN, INC.
DOCUMENT NUMBER: 996,0000 11116
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
BRICK CITY PALIN THE (Firm/Company)
19 5W 154 AVE. (Address)
OCALA, FI 34474 (City/ State and Zip Code)
For further information concerning this matter, please call:
UIRGINIA FOLEY at (352) 622-9010 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\$\$43.75 Filing Fee & \$\$\$2.50 Filing Fee & Certificate of Status (Additional copy is enclosed) \$\$\$(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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2006

VIRGINIA FOLEY 19 SW 1 AVE OCALA, FL 34474

SUBJECT: BRICK CITY PAWN, INC.

Ref. Number: P96000011116

We have received your document for BRICK CITY PAWN, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

You can only have one registered agent please decide who it will be. Also the phone number that you have on the amendment needs to be remove.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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) 245-6927.

Tracy Smith Document Specialist

Letter Number: 706A00070342

## Articles of Amendment to Articles of Incorporation of

(Name of corporation as currently filed with the Florida Dept. of State)  P(LOCOLILL)  (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:  NEW CORPORATE NAME (if changing):  Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.	OF STRIP
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DIVERSIFIED QUALITY THE.  Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")	
Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A	
	- ")
MENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Numberend/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	(s)
RINCIPLE OFFICE ADDRESSCHANGE:	<del>_</del>
DIVERSIFIED QUALITY, INC.	<del></del>
13250 NE 47= AVE	
P.O. Box 369	_
SPARR, FL 32192	<del></del>
	_
	_
(Attach additional pages if necessary)	_
f an amendment provides for exchange, reclassification, or cancellation of issued shares, provis or implementing the amendment if not contained in the amendment itself: (if not applicable, indicate	

(continued)

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, , , , , , , , , , , , , , , , , , ,	AMENDMENTS ADOPTED (CONT.)
	REGISTERED AGENT ADDRESS CHANGE:
•	ROGER FOLEY
	P.D. Box 369
	SPARR FT 32192
·	
<del></del>	
	11)

<b>*</b>
The date of each amendment(s) adoption: DFCEMBER 14, 2006
Effective date if applicable: FERUARY 2007 (no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
Signature  (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)
(Typed or printed name/of person signing)
(Title of person signing)

FILING FEE: \$35