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SECRETARY OF STATE
ASSSEE, FLORIDA

COVER LETTER

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TO: Amendment Section Division of Corporations						
NAME OF CORPORATION: MARCOSIS, Incorporated						
DOCUMENT NUMBER: 29600051867						
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Soyca Spench-Hamasek Name of Contact Person						
Marcosis, Incorporated						
926 n. D'nellas Ave						
Tarpon Spings F1. 34689						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Contact Person at (7a) 434-3288 Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$\begin{align*} \begin{align*} \begi						
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

Darcosis Incaroanted					
(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 <i>Florida Profit Corporation</i> 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," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."					
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: New Registered Office Address: (Florida street address) (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					

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>	<u>Name</u>	Address	Type of Action
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	ing or adding additional Articles ditional sheets, if necessary). (E		<u> </u>
provisio		ge, reclassification, or cancellation nent if not contained in the amendm	
			N/A
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The date of each amendment	(s) adoption:	X 110	<u> </u>		
Effective data if applicables	(date of ad	loption it required)			
Effective date if applicable: (no more than 90 days after amendment file date)					
Adoption of Amendment(s)	(<u>CHECK ONE</u>)				
The amendment(s) was/web by the shareholders was/web		. The number of votes	s cast for the amendment(s)		
	re approved by the shareholder of for each voting group entitle				
"The number of votes	cast for the amendment(s) was	/were sufficient for ap	proval		
by		• • • • • • • • • • • • • • • • • • •			
	(voting group)				
The amendment(s) was/wes action was not required.	re adopted by the board of dire	ectors without sharehol	der action and shareholder		
The amendment(s) was/we action was not required.	re adopted by the incorporators	s without shareholder	action and shareholder		
Dated	2/10/10	NATE OF THE PROPERTY OF THE PR	1 1		
Signature	Jouce -	al alanc	h Hamasiek		
(By a director, president or other officer –) f directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court					
арр	ointed fiduciary by that fiducia	ary)	, 1		
	(Typed or printed	I name of person signi	Hanna Seck		
	Tid S	S			
	(Title of person signi	ing)			