

P96000086556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

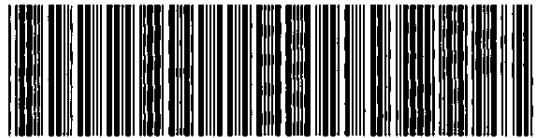
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000155656250

Amend

05/11/09--01051--026 **43.75

FILED

2009 MAY 11 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASR
5/18/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CLARION CAPITAL CORPORATION

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

ATTY. WILLIAM T. APPLEBYARD
Name of Contact Person

Firm/ Company

90 SALEM ST.
Address

MALDEN, MA. 02148
City/ State and Zip Code

GILL. APPLEBYARD@VERIZON.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM T. APPLEBYARD at (781) 324-0700
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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

CLARION CAPITAL CORPORATION
(Name of Corporation as currently filed with the Florida Dept. of State)

FILED
2009 MAY 11 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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:

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)

1601 KAUAI COURT
GULF BREEZE
FLORIDA

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

C/O DAVID KEANE
308 BOSTON AVE.
MEDFORD, MA. 02155

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:

PATRICIA A. COLLYER

New Registered Office Address:

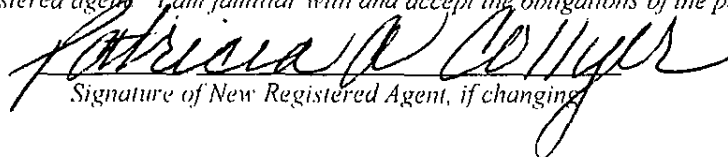
1601 KAUAI COURT

(Florida street address)

GULF BREEZE, Florida 32563
(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>	<u>Address</u>	<u>Type of Action</u>
DIRECTOR + PRES.	JOHN W. LEAHY	703 LILLIAN HWY. BOX 36061 PENSACOLA, FL 32506	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TREAS. DIRECTOR, PRES. +	ANNE ANAGNOS	SAME	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
TREAS.	PATRICIA A. COLLYER	1601 KAUAI COURT GULF BREEZE, FL,	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

The date of each amendment(s) adoption: 4/27/09

Effective date if applicable: _____
(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 5/4/09

Signature Patricia A. Collier
(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)

PATRICIA A. COLLIER
(Typed or printed name of person signing)

DIRECTOR, PRESIDENT & TREASURER
(Title of person signing)