# 197000017628

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status <u> </u>
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEF, FLORIN

T RODENS OCT 29 2009



October 20, 2009

MICHAEL C WEYMOUTH HUNTER CROW CORPORATION 2821 EAST COMMERCIAL BLVD STE 204 FT LAUDERDALE, FL 33308

SUBJECT: HUNTER CROW CORPORATION

Ref. Number: P97000017628

We have received your document for HUNTER CROW CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 609A00033538

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORP	ORATION:	HUNTER CROW CORPORA	ATION	
DOCUMENT NU	MBER:	P97000017628		
The enclosed Artic	les of Amendment and fee	are submitted for filing.		
Please return all co	rrespondence concerning t	his matter to the following:		
		CHAEL C. WEYMOUTH		
		Name of Contact Person		
	HUNTE	R CROW CORPORATION		
		Firm/ Company		
_	2821 E. COM	MMERCIAL BLVD., SUITE #204		
		Address		
_	FORT LAI	JDERDALE, FLORIDA 33308		
	-	City/ State and Zip Code		
	Shiftcha E-mail address: (to be u	ange1@comcast.net sed for future annual report notification)		
For further informa	tion concerning this matte	r, please call:		
	ael C. Weymouth		1-0000	
Name	of Contact Person	Area Code & Daytime Tele	phone Number	
Enclosed is a check	for the following amount	made payable to the Florida Departs	ment of State:	
\$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Ad Amendmen		Street Address Amendment Section		
Division of Corporations P.O. Box 6327		Division of Corporations	•	
Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

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

### HUNTER CROW CORPORATION

	Articles of Amendment	4.
· ·	to Articles of Incorporation	John Committee C
	of	
HUNTER CRO	OW CORPORATION	ept. of State
(Name of Corporation as curre	ntly filed with the Florida De	ept. of State
P97	000017628	Marie Me
(Document Num	ber of Corporation (if known)	Sign Car
ursuant to the provisions of section 607.1006 nendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Florida	da Profit Corporation adopts the following
If amending name, enter the new name of	the corporation:	
	•	The new
ame must be distinguishable and contain to bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "proj	designation "Corp," "Inc," or	or "Co". A professional corporation
Enter new principal office address, if application of the contraction		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFIC	<u> </u>	
. If amending the registered agent and/or r new registered agent and/or the new regis	egistered office address in Flo tered office address:	orida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street addre	ess)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if changing the appointment as registered as	g Registered Agent; gent. I am familiar with and a	accept the obligations of the position.
	gnature of New Registered Age	ent, 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
VP	VERONICA WEYMOUTH	2821 E. Commercial Blvd, Ste, 20 4 Ft. Land vdaly 123	Remove
			_ ☐ Add _ ☐ Remove
			_
E. If amend (attach aa	ing or adding additional Articles, enter iditional sheets, if necessary). (Be spec	r change(s) here: ific)	
<u>provisio</u>	nendment provides for an exchange, rems for implementing the amendment if of applicable, indicate N/A)		
	,		

The date of each amendment	t(s) adoption: October 15, 2009
Effective date if applicable:	(data of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement and 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	27
<u> </u>	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_Octo	ober 26, 2009
Signature _	
sel	y 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 pointed fiduciary by that fiduciary)
	Michael C. Weymouth
	(Typed or printed name of person signing)
	President
	(Title of person signing)