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Not a Partnership

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September 30, 1997

Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

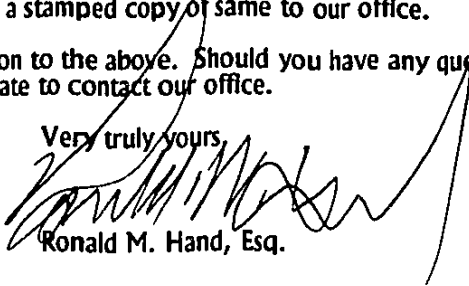
Re: Florida Royale, Inc.

Dear Sir/Madam :

Enclosed please find an original and one (1) copy of the Articles of Amendment for the above-named corporation. Please process the enclosed Articles at your earliest convenience. I have enclosed a check in the amount of \$35.00 to cover the cost of doing so, in addition to a self-addressed, stamped envelope for returning a stamped copy of same to our office.

Thank you for your prompt attention to the above. Should you have any questions regarding the enclosed, please do not hesitate to contact our office.

Very truly yours,


Ronald M. Hand, Esq.

RMH/sg
enclosures

400002314934-3
-10/08/97-01064-014
***\$35.00 ***\$35.00

Amend

VS OCT 16 1997

ARTICLES OF AMENDMENT

FILED
97 OCT -8 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The following provisions of the Articles of Incorporation of FLORIDA ROYALE INC., filed in Tallahassee on May 2, 1997, be and they hereby are amended in the following particulars:

2. Article VII be and it hereby is amended to read as follows:

The Corporation shall have not less than two (2), nor more than five (5) directors. The number of directors may be increased or diminished from time to time, by By-Laws adopted by the stockholders.

3. The foregoing amendments were adopted by the Stockholders and Director of the corporation on the 2nd day of September, 1997.

IN WITNESS WHEREOF, the undersigned President of this corporation has executed these Articles of Amendment this 26th day of September, 1997.

FLORIDA ROYALE, INC.

Chris Woods
President

STATE OF FLORIDA
COUNTY OF OSCEOLA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared CHRISTOPHER ROBERT WILSON, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, that I relied upon the following form of identification of the above-named person: Personal Knowledge, and that an oath was taken.

WITNESS my hand and official seal in the County and State last aforesaid this 26th day of September, 1997.

Susan Gabriel
Notary Public
Susan Gabriel
Printed Name

My Commission Expires:
C:\WP50\DOCS\INCORP\AMEND.ART



SUSAN GABRIEL
MY COMMISSION # 00476683 EXPIRES
July 1, 1999
BONDED THRU TROY FARM INSURANCE, INC.