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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: FIVE SISTER	RS CORPORATION	
DOCUMENT NUM	BER: <u>P97000076459</u>		
The enclosed Articles	of Amendment and fee a	re submitted for filing.	
Please return all corre	spondence concerning thi	is matter to the following:	
		Whitney Moore of Contact Person)	
	(i tuine		
		CCAS Corporation	
	(Fi	rm/ Company)	
	3501 Del	Prado Blvd., Suite 312	
		(Address)	
	,	e Coral, FL 33904	
F C		tate and Zip Code)	
For further information	on concerning this matter,	please call:	
Whitney Moore		at (<u>239</u>) <u>542-2</u>	
(Name of	Contact Person)	(Area Code & Day	lime Telephone Number)
Enclosed is a check for	or the following amount n	nade payable to the Florida	Department of State:
 ▼ 35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$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 Corporatio Clifton Building 2661 Executive Center	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

2008 DEC 31 PM 1: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIVE SISTERS CORPORATION

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

P97000076439			
(Document Nun	nber of Corporation	on (if known)	
Pursuant to the provisions of section 607.100 following amendment(s) to its Articles of Incor		es, this <i>Florida Profit</i>	Corporation adopts the
A. If amending name, enter the new name o	f the corporation	<u>u</u>	
The new name must be distinguishable a "incorporated" or the abbreviation "Corp.," "Co". A professional corporation nam association," or the abbreviation "P.A."	"Inc.," or Co.,	" or the designation	"Corp," "Inc," or
B. <u>Enter new principal office address, if app</u> (Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFFI		1	
D. If amending the registered agent and/or new registered agent and/or the new regi			iter the name of the
Name of New Registered Agent:			_
New Registered Office Address:	(Florid	da street address)	_
		(City)	, Florida (Zip Code)
New Registered Agent's Signature, if changing thereby accept the appointment as registered position.			ept the obligations of the
	Signature of New	Registered Agent, if ch	anging

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
<u>DPTS</u>	HARDY, JARUWAN	10291 ST PATRICK LN BONITA SPRINGS FL 34	
DPST	Uraiwan Srisukwat	123 Gaslight Avenue North Fort Myers, FL 33917	
	ding or adding additional Articles, dditional sheets, if necessary). (Be		
			,
provisi		e, reclassification, or cancellation of ent if not contained in the amendme	
	,		

Th	e date of each amendment(s) adoption: 10-18-08
	fective date if applicable: 18:08
	(no more than 90 days after amendment file date)
Ad	option 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 statemen 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
	The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
Ø	The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
	Dated_12-24-08
	Signature Mairon 2:
	(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)
	URAIWAN BRISUKWAT (Typed or printed name of person signing)
	(Typed of printed name of person signing) (Title of person signing)