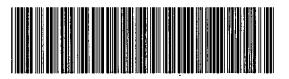
P98000042506

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300156818743

06/08/09--01042--004 **43.75

FILED

SECRÉTARY OF STATE
ALLAHASSEE, FI ORIDA

Amend 6/22/09

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	DIMARSICO SURVEYING INC.	
DOCUMENT NU	MBER:	P98000042506	
The enclosed Artic	cles of Amendment and fee	are submitted for filing.	
Please return all co	orrespondence concerning the	his matter to the following:	
		TERI DIMARSICO	
		Name of Contact Person	
DII		RSICO SURVEYING INC.	
		Firm/ Company	
		PO BOX 350404	
		Address	
		COAST, FLORIDA 32135	
		City/ State and Zip Code	
	dimarsico E-mail address: (to be us	o.survey@yahoo.com ed for future annual report notification)	
For further information	ation concerning this matter	r, please call:	
		at (386) 58	6-1274
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	k for the following amount	made payable to the Florida Departr	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 Address		Street Address	
Amendment Section		Amendment Section Division of Corporations	
Division of Corporations P.O. Box 6327		Clifton Building	
Tallahassee, FL 32314		2661 Executive Center Circle	:

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 10, 2009

TERI DIMARSICO DIMARSICO SURVEYING, INC. PO BOX 350404 PALM COAST, FL 32135

SUBJECT: DIMARSICO SURVEYING, INC.

Ref. Number: P98000042506

We have received your document for DIMARSICO SURVEYING, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 409A00019586

SECRETARY OF STATE

09:8 HA 61 NUL 8005

BECEINED

· Articles of Amendment **Articles of Incorporation**

• • •	to	FII.
•,	Articles of Incorporation of	State State ALLAHASSTOFO
DIMARSI	CO SURVEYING, INC.	State) State State State State State State State State
	urrently filed with the Florida Dept. of	State) ALLAHASAY OF 9:01
Р	98000042506	SEE. FLOOLE
(Document)	Number of Corporation (if known)	
Pursuant to the provisions of section 607. amendment(s) to its Articles of Incorporation		it Corporation adopts the following
A. If amending name, enter the new nam	e of the corporation:	
		The new
abbreviation "Corp.," "Inc.," or Co.," or name must contain the word "chartered," " B. Enter new principal office address, if (Principal office address MUST BE A STR C. Enter new mailing address, if applica (Mailing address MAY BE A POST OF) D. If amending the registered agent and/new registered agent and/or the new resistered agent and/or the new registered agent agen	or registered office address in Florida, or the abbreviation, or the abbreviation and the abb	iation "P.A."
Name of New Registered Agent:	BERNICE DIMARSICO	
New Registered Office Address:	1001 East Moody BL (Florida street address)	<u>.V.D</u>
	Bunnell JFL (City)	, Florida_ <i>32//0</i> /Zip Code)
New Registered Agent's Signature, if cha		
I hereby accept the appointment as register	<i>a</i>	he obligations of the position.
-	Bunice MMousica Signature of New Registered Agent, if of	
	0 0 0 0	- G

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>PT</u>	RALPH DIMARSICO	PO BOX 350404 PALM COAST, FL 32135	Add Ø Remove
PT	BERNICE DIMARSICO	PO BOX 350404 PALM COAST, FL 32135	
SVP	PATRICK K IRELAND	PO BOX 350404 PALM COAST, FL 32135	
E. If amen (attach a SVP BEF	ding or adding additional Articles, en dditional sheets, if necessary). (Be sp RNICE DIMARSICO PO BOX	nter change(s) here: Decific) 350404; PALM COAST, FL 32	135 REMOVE
provisi	mendment provides for an exchange, ons for implementing the amendmen not applicable, indicate N/A)		

The date of each amendment	(s) adoption: JUNE 5, 2009
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
•	(no more than 90 days after amenament fite date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/weby the shareholders was/weby	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.
	re approved by the shareholders through voting groups. The following statement d 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)
action was not required.	re adopted by the board of directors without shareholder action and shareholder re adopted by the incorporators without shareholder action and shareholder
Dated_JUN	E 5, 2009
Signature	Bunice Dimousia
(By	a director, president or other officer - if directors or officers have not been
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court ointed fiduciary by that fiduciary)
	BERNICE DIMARSICO
	(Typed or printed name of person signing)
	PT
	(Title of person signing)