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DIVISION OF CORPORATIONS TOF

FAX #: (850)922-4000

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072720000101

FROM: FILINGS, INC.

CONTACT: TERESA ROMAN PHONE: (850)385-6735

FAX #:

(850) 561-1025

NAME: ATLANTIC FLEX, INC. AUDIT NUMBER..... H98000016221 DOC TYPE......BASIC AMENDMENT CERT. OF STATUS..Ø PAGES..... DEL.METHOD.. FAX EST.CHARGE.. \$35.00 NOTE: CERT. COPIES.....Ø PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

\*\* ENTER 'M' FOR MENU. \*\*

### ARTICLES OF AMENDMENT

### ARTICLE I - NAME

That the name of this corporation is ATLANTIC FLEX - INC.

# ARTICLE II - ADOPTED AMENDMENT

The name of this corporation shall be changed to ATLANTIC FLEX SPACE, INC.

## ARTICLE III - METHOD OF AMENDMENT

That the adopted amendment was adopted by the Incorporators and without Shareholder action pursuant to Florida Statute 607.1005 in that no shares of the corporation have been issued. The aforesaid adopted amendment was adopted by the Incorporators on the 25 day of August, 1998.

IN WITNESS WHEREOF, the undersigned Incorporator and Directors has executed these Articles of Amendment, this 24 day of August, 1998.

PAUL M. GLAFENHEIN, JA., Incorporator/

BRADLEY C. GLAFENHEIN, Director

Carol Elafonheim
CAROL GLAFENHEIN, Director

THIS DOCUMENT PREPARED BY: DAVID R. FARBSTEIN, ESQ. 2765 W. Cypress Creek Rd. Ft. Lauderdale, Fl. 33309 Fla. Bar No. 198889 954-977-7801 STATE OF PLORIDA COUNTY OF BROWARD

BEFORE ME personally appeared, PAUL M. GLAFENHEIN, JR., to me well known and known to me to be the individual(s) described in and who executed the foregoing instrument, and acknowledged before me that he executed the same for the purposes therein expressed. Further, said individual(s) furnished the following type of identification to the undersigned, to-wit: PERSONAL KNOWLEDGE.

IN WITNESS WHEREOF, I have hereunder set my hand and official seal, in the State and County first above-mentioned, this 25 day of

August, 1998.

NOTARY PUBLIC

CANCING AND PORTION Expires:

STATE OF FLORIDA COUNTY OF BROWARD

NOTARY PUBLIC STATE OF IROHOA COMMISSION NO. CCS: 545 MY COMMISSION EXP. MAR. 7 (X. Y)

BEFORE ME personally appeared, BRADLEY C. GLAFENHEIN, to me well known and known to me to be the individual(s) described in and who executed the foregoing instrument, and acknowledged before me that he executed the same for the purposes therein expressed. individual(s) furnished the following type of said identification to the undersigned, to-wit: PERSONAL KNOWLEDGE.

IN WITNESS WHEREOF, I have hereunder set my hand and official seal, in the State and County first above-mentioned, this day of

August, 1998.

NOTARY PUBLIC

STATE OF FLORIDA COUNTY OF BROWARD

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BEFORE ME personally appeared, CAROL GLAFENHEIN, to me well known and known to me to be the individual(s) described in and who executed the foregoing instrument, and acknowledged before me that he executed the same for the purposes therein expressed. Further, said individual(s) furnished the following type of identification to the undersigned, to-wit: PERSONAL KNOWLEDGE.

IN WITNESS WHEREOF, I have hereunder set my hand and official in the State and County first above-mentioned, this 24 day of

August, 1998.

NOTARY PUBLIC

My Commission Expires:

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