

P98000095825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

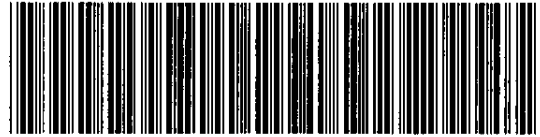
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: H.F.S. FORT MYERS, INC.

DOCUMENT NUMBER: P98000095825

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Janice Null

(Name of Contact Person)

Incorp Services, Inc.

(Firm/ Company)

375 N. Stephanie St., Suite 1411

(Address)

Henderson, NV 89014-8909

(City/ State and Zip Code)

For further information concerning this matter, please call:

Janice Null for Incorp Services, Inc.

(Name of Contact Person)

at (702) 866-2500 ext. 2027

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department 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

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

H.F.S. FORT MYERS, INC.

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

P98000095825

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

11243 Distribution Avenue East

Jacksonville, FL 32256

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

11243 Distribution Avenue East

Jacksonville, FL 32256

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

Incorp Services, Inc.

17888 67th Court North

New Registered Office Address:

(Florida street address)

Loxahatchee

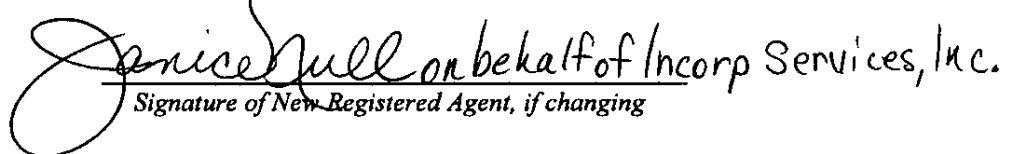
(City)

Florida 33470

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.


Signature of New Registered Agent, if changing

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TALLAHASSEE, FLORIDA

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------|---|--|
| PD | CHAMBERLAND, MARC J | 500 FAIRWAY DRIVE SUITE 101 DEERFIELD BEACH FL 33441 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| VPS | ANDERSON, JIM | 500 FAIRWAY DRIVE SUITE 101 DEERFIELD BEACH FL 33441 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| VP | FARRISS, ROBERT | 500 FAIRWAY DRIVE SUITE 101 DEERFIELD BEACH FL 33441 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

REMOVE: BDM - PETRIE, KYLE, 12601 WESTLINKS DR FORT MYERS FL 33913

REMOVE: GM - CROWDER, BARRY, 500 FAIRWAY DR STE 101 DEERFIELD BEACH FL 33441

~~ADD: DIRECTOR - CHAMBERLAND, MARC J, 500 FAIRWAY DRIVE SUITE 101, DEERFIELD BEACH FL 33441~~

ADD: DIRECTOR - MARC J. CHAMBERLANDO, P.A.
3180 SOUTH FALKENBERG ROAD
TAMPA FL 33569

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

The date of each amendment(s) adoption: MARCH 3, 2009

Effective date if applicable: _____
(no more than 90 days after amendment file date)


Adoption 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 statement 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 _____."
(voting group)

- The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated MARCH 3, 2009

Signature 
(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)

MARC J. CHAMBERLANO, P.A.
(Typed or printed name of person signing)

DIRECTOR
(Title of person signing)