

P48000095829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

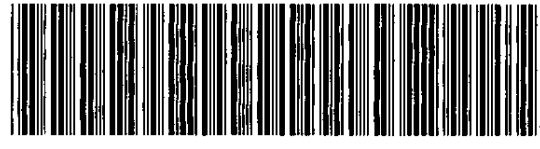
(Business Entity Name)

(Document Number)

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09 MAR 11 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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3/12/09  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** H.F.S. JACKSONVILLE, INC.

**DOCUMENT NUMBER:** P98000095829

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. at ( 702 ) 866-2500 ext. 2027  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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. JACKSONVILLE, INC.

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

P98000095829

(Document Number of Corporation (if known))

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TALLAHASSEE FLORIDA

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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

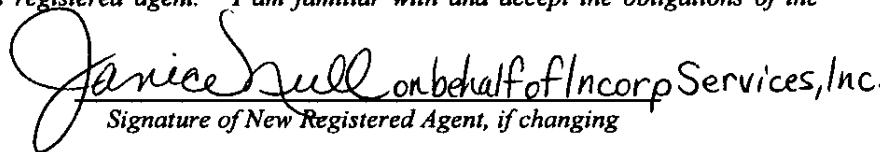
17888 67th Court North

New Registered Office Address: (Florida street address)

Loxahatchee, Florida 33470  
(City) (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*

**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: 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. CHAMBERLAND, 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):*

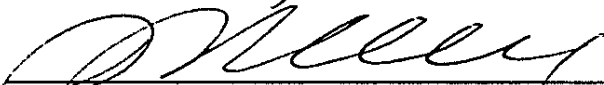
"The number of votes cast for the amendment(s) was/were sufficient for approval

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)