P98000101753

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PICK-UP	☐ WAIT	MAIL
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2009 SEP 18 PM 2: 34
SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section	09/15/09
Division of Corporations	
	RO. JO. ONE, INC.
NAME OF CORPORATION:	NO. BO. ONL, INC.
,	' ! !
DOCUMENT NUMBER:	P98000101753
The enclosed Articles of Amendme	nt and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following
	Joseph D. Stein II
	Name of Contact Person
	RO. JO. ONE, INC.
	Firm/ Company
	2375 NE 25th AVenue
. !	Address
. .	
F F F	Ocala, FL. 34470
	City/ State and Zip Code
	City, Saite and Esp Code
E-mail addr	ess: (to be used for future annual report notification)
For further information concerning	this matter, please call:
_	·
Joseph D. Stein I	at (352) 629-7808
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following	ng amount made payable to the Florida Department of State:
\$35 Filing Fee \$43.75 Filing Certificate o	
Mailing Address	Street Address
Mailing Address Amendment Section	Street Address Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
1 11111111111111111 1 1 1 1 1 1 1 1 1	Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of RO. JO. ONE, INC.

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(Name of Corporation as currently filed with the Florida Dept. of State P98000101753 (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: 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) 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: New Registered Office Address: (Florida street address) , Florida (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.

Page 1 of 3

Signature of New Registered Agent, if changing

ach additi	title, name, and address onal sheets, if necessary)	or cach Offic	L. and/OI Direct	or nem	auucu.	
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<u>e</u>	Name		Address	_		Type of Act
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If an ame	endment provides for an	evchange red	classification, or	cancella	tion of iss	ued shares.
<u>provision</u>	s for implementing the	amendment if				
(if not	applicable, indicate N/A)		!		
						
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The date of each amendment(s			/ 13/09	
Effective date if applicable:	·		/15/09	
	(no more than 90 days	after amendm	ent file da	te)
Adoption of Amendment(s)	(<u>CHECK (</u>	<u>ONE</u>)		
The amendment(s) was/were by the shareholders was/were			umber of v	votes cast for the amendment(s)
The amendment(s) was/were must be separately provided				groups. The following statemen ly on the amendment(s):
"The number of votes c	ast for the amendment(s	s) was/were s	ufficient fo	pr approval
by			**	
	voting group)		;	
The amendment(s) was/were action was not required. The amendment(s) was/were action was not required.				eholder action and shareholder der action and shareholder
Dated	09/15/09			!
Signature	()		~··	
(By selec	a director, president or a ded, by an incorporator inted fiduciary by that	- if in the har	if directo nds of a re	rs or officers have not been ceiver, trustee, or other court
	Josep	h D. Ste	ein II	
	(Typed or	printed name	of person :	signing)
	СЕОТ		}	<u> </u>
	(Title of person	n signing)	;	