P98000104133

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SECRETARY OF STATE
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N.C.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORP	ORATION: <u>ADVENT</u>	IRE-NET, INC.	
DOCUMENT NU	MBER:		
The enclosed Articl	es of Amendment and fee a	re submitted for filing.	
Please return all cor	respondence concerning thi	is matter to the following:	
	LINDA (Name	POEKERT_ of Contact Person)	
	THE PAPER	TRAIL, INC.	·
	_	323 (Address) 30R FL 34682-23 tate and Zip Code)	323
For further informat	ion concerning this matter,		
LINDA PO	EKERT of Contact Person)	at (727) 224~ (Area Code & Daytim	S050 e Telephone Number)
Enclosed is a check	for the following amount:		
□\$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 C	

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2007

LINDA POEKERT THE PAPER TRAIL, INC. PO BOX 2323 PALM HARBOR, FL 34682-2323

SUBJECT: ADVENTURE-NET, INC.

Ref. Number: P98000104133

We have received your document for ADVENTURE-NET, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is #P01000088568 / PAPER TRAIL, INC..

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 607A00013414

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Articles of Amendment to Articles of Incorporation of

with the Florida Dept.	of State)		
poration (if known)			
Statutes this Flori	ida Profit Corno	uation	
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	^		
EKERT'S	PADOFTR	A11 -	T.
ed" or the abbreviation	"Corp.," "Inc.," or "	Co.")	حب
professional association	," or the abbreviation	n "P.A.")	
	dicate Article Nu	mber(s)	
d: (BE SPECIFIC)			-
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es if necessary)			
	EKERT'S ed" or the abbreviation professional association d: (BE SPECIFIC)	a Statutes, this Florida Profit Corporation: EKERT'S APETA ed" or the abbreviation "Corp.," "Inc.," or "professional association," or the abbreviation ME CHANGE) Indicate Article Nuclei (BE SPECIFIC)	A Statutes, this Florida Profit Corporation accorporation: CEKERT'S APETRALL

(continued)

The date of each amendment(s) adoption: 2-20-07	
Effective date if applicable: 1-1-07	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were approved by the shareholders. The number of vo the amendment(s) by the shareholders was/were sufficient for approval.	tes cast for
The amendment(s) was/were approved by the shareholders through voting grofollowing statement must be separately provided for each voting group entitled separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for ap	oproval by
(voting group)	•
☐ The amendment(s) was/were adopted by the board of directors without shareh and shareholder action was not required.	older action
The amendment(s) was/were adopted by the incorporators without shareholder shareholder action was not required.	r action and
Signature When I President (By a director, president or other officer - if directors or officers have not be selected, by an incorporator - if in the hands of a receiver, trustee, or other cappointed fiduciary by that fiduciary) LINDA L. POEKERT (Typed or printed name of person signing)	
PRESIDENT - DIRECTOR (Title of person signing)	_

FILING FEE: \$35