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MALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	poration: <u>The Re</u>	maissance Sixte	o Inc.
DOCUMENT NU	umber: <u>P 99 00 0</u>	032 35 8	
The enclosed Artic	cles of Amendment and fee ar	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
	Waltraud Reiter (Name o	- f Contact Person)	
	The Renaissance	Sistro Inc.	
	(1		. :
*,		(Address) FL 33970 ate and Zip Code)	
_4	Lehigh Acres (City/St	FC 33970 ate and Zip Code)	
For further inform	nation concerning this matter,	please call:	
	d Revierev ne of Contact Person)	at (<u>239</u>) <u>425</u> (Area Code & Daytime	Telephone Number)
Enclosed is a chec	ck for the following amount m	ade payable to the Florida De	partment 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)
			is cholosedy
Mailing Address		Street Address Amendment Section	
Amendment Section Division of Corporations		Division of Corporations	
P.O. Box 6327		Clifton Building	
	e, FL 32314	2661 Executive Center C	ircle
		Tallahassee, FL 32301	

Articles of Amendment Articles of Incorporation

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EEOO NO,	
MILLAHAS	TO AMIL: 12
of State)	T. FLORES

The Pennissence lister he
The Repaissance Sistro Inc.
(Name of Corporation as currently filed with the Florida Dept. of State)
P 990000 32 998 (Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation: The Renaissance Mulh' Inc.
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) Fort Kyers
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Lehigh Acves
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,
/ (City) , Florida, (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

Attach ad	and title, name, and address of ditional sheets, if necessary)	each Officer and/or Director being	g added:
<u>Γitle</u>	<u>Name</u>	Address	Type of Action
			CJ 7
			C Remove
			[Till 10 a
			Domestin.
		•	
			
provi		change, reclassification, or cancella endment if not contained in the am	
provi	sions for implementing the am		
provi	sions for implementing the am		

Th	e date of each amendment(s) adoption:	
	· · · · · · · · · · · · · · · · · · ·	
	(no more than 90 days after amendment file date)	
Ad	option of Amendment(s) (CHECK ONE)	
×	The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	lment(s)
	The amendment(s) was/were approved by the shareholders through voting groups. The following s 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 shar action was not required.	eholder
	The amendment(s) was/were adopted by the incorporators without shareholder action and sharehol action was not required.	der
	Dated 11/4/08 Signature Undered Kester	
	(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 appointed fiduciary by that fiduciary)	
	Waltraud Reiter-et (Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	