# P990000099562

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14 MAY -5 MM 10: 10:

MAY 1 4 2014 C. CARROTHERS

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:		
DÖĞUMEN'I NUMI	P99000099	562	<u></u>
	of Amendment and fee are su		
Please return all corres	spondence concerning this ma	atter to the following:	
	Robert D Binns	S	
		Name of Contact Perso	
	Central Florida		
		Firm/ Company	
	9126 Bachmar	n Road	
		Address	
	Orlando FI 328	324	
		City/ State and Zip Cod	e
cfs	lhoh@aol.com		
cfs	Ibob@aol.com E-mail address: (to be u	sed for future annual report	notification)
cfs		sed for future annual report	notification)
		•	notification)
	E-mail address: (to be used to be	se call:	
For further information	E-mail address: (to be used to be	se call:at (407	notification)  438-220  de & Daytime Telephone Number
For further information  Bob or Illia  Name of	E-mail address: (to be used to be	se call:  at (407  Area Co	438-2220 de & Daytime Telephone Numbe
For further information  Bob or Illian  Name of Enclosed is a check for	E-mail address: (to be used to be	se call:  at (  Area Co  payable to the Florida Depa	de & Daytime Telephone Numberartment of State:
For further information  Bob or Illia  Name of	E-mail address: (to be used to be	se call:  at (407  Area Co	438-2220 de & Daytime Telephone Numbe
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For further information  Bob or Illian  Name of Enclosed is a check for	E-mail address: (to be used to be	at (407  Area Co  payable to the Florida Depa  \$43.75 Filing Fee &  Certified Copy	de & Daytime Telephone Number artment of State:  \$\square\$ \$\squar
For further information  Bob or Illia  Name of Enclosed is a check for \$35 Filing Fee	E-mail address: (to be used to be	at (407  Area Co  payable to the Florida Depa  \$43.75 Filing Fee &  Certified Copy (Additional copy is enclosed)	de & Daytime Telephone Number artment of State:  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
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For further information  Bob or Illian  Name of Enclosed is a check for   \$35 Filing Fee  Mai Ame Divi P.O.	E-mail address: (to be used to be	at (407  Area Co  payable to the Florida Depa  \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  Street Ameno Divisio Clifton	438-2220  Inde & Daytime Telephone Number artment of State:  \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)  Address Ilment Section

#### Articles of Amendment to Articles of Incorporation of

## Central Florida Sales and Leasing Inc

14 MAY -5 AM 10: 19

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P99000099562		J. H. L. L. Control of the J. H.	.OIGIDIA
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Flor ts Articles of Incorporation:	ida Statutes, this Florida Pro	ofit Corporation adopts the following	amendment(s)
A. If amending name, enter the new name of the	corporation:		
			The new
ame must be distinguishable and contain the w Corp.," "Inc.," or Co.," or the designation "Co vord "chartered," "professional association," or to	rp," "Inc," or "Co". A pr		
. Enter new principal office address, if applical	ble:		
Principal office address <u>MUST BE A STREET A</u>	DDRESS )		
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE I</u>	<u> </u>		
	<del></del>		
	<del></del>		
<ol> <li>If amending the registered agent and/or registered agent and/or the new registered.</li> </ol>		ida, enter the name of the	
•			
Name of New Registered Agent			
	(Florida street address)	<del></del>	
	(r tortau street aauress)		
New Registered Office Address:	(City)	, Florida (Zip Code)	
	(Cnjy)	(Lip Code)	
lew Registered Agent's Signature, if changing R			
hereby accept the appointment as registered agent	: I am familiar with and acc	cept the obligations of the position.	
<u> </u>			
Signature of	New Registered Agent, if cha	anging	

## 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	psd	Robert H Binns	9126 Bachman Road
Add	<del></del>		Orlando FL 32824
Remove			
2) Change	t	Roxane Binns	9126 Bachman Road
Add			Orlando FL 32824
Remove			
3) Change	VP.	Robert D Binns	9126 Bachman Road
<b>✓</b> Add			Orlando FL 32824
Remove			
4) Change	<u></u>		
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
<u>.</u>	
***	
<del></del>	
W. I.	
	· · · · · · · · · · · · · · · · · · ·
f an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	idinent ii not contained in the amendment itself;
provisions for implementing the amei (if not applicable, indicate N/A)	idment ii not contained in the amendment itself;
provisions for implementing the amei (if not applicable, indicate N/A)	tament if not contained in the amendment usen:
or implementing the amer (if not applicable, indicate N/A)	idment if not contained in the amendment usen:
visions for implementing the ameral (if not applicable, indicate N/A)	idment if not contained in the amendment usen:
(if not applicable, indicate N/A)	iament ii noi contained in the amendment itself:
provisions for implementing the amer (if not applicable, indicate N/A)	idment if not contained in the amendment usen;
(if not applicable, indicate N/A)	idinent ii not contained in the amendment usen:

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	<u>.</u> .
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)	
(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 April 1, 2014	
Signature of 1 (1)	
(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)	
Robert H Binns	
(Typed or printed name of person signing)	
President	
(Title of person signing)	