

541810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

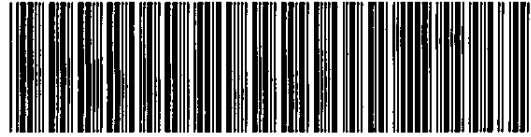
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN -2 PM 12:20
SECRETARY OF STATE
-ALLAHABAD-010114

Amend.
6/6/11
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2011

MARGARET SORACCO
ELISOR INVESTIGATIONS, INC.
13 BOBCAT TRAIL
WILDWOOD, FL 34785

SUBJECT: ELISOR INVESTIGATIONS, INC.
Ref. Number: S41810

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE COMPLETE PAGE 3 OF 3 OF THE AMENDMENT. WE MUST HAVE THE DATE OF ADOPTION COMPLETED, THE MANNER OF ADOPTION MUST HAVE ONE BOX CHECKED, AND AN OFFICER MUST SIGN AND LIST THEIR NAME AND TITLE.

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) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 011A00013029

5/31/11

RECEIVED
11 JUN -2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Please see form completed as requested.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: ELISOR INVESTIGATIONS, INC.

DOCUMENT NUMBER: S41810

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARET SORACCO

Name of Contact Person

ELISOR INVSTIGATIONS, INC.

Firm/ Company

13 BOBCAT TRAIL (NEW)

Address

WILDWOOD, FL 34785

City/ State and Zip Code

PeggyS82760@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Soracco

Name of Contact Person

at (954)

254-7500
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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)

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

ELISOR INVESTIGATIONS, INC.

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

S41810

(Document Number of Corporation (if known))

FILED
11 JUN -2 PM 12:20
SECRETARY OF STATE
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)

13 BOBCAT TRAIL (NEW)

WILDWOOD, FL 34785

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

13 BOBCAT TRAIL (NEW)

WILDWOOD, FL 34785

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:

13 BOBCAT TRAIL (NEW)

New Registered Office Address:

(Florida street address)

WILDWOOD, Florida 34785

(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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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: 4/16/11
(date of adoption is required)

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 5/3/11

Signature Margaret Soracco
(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)

Margaret Soracco
(typed or printed name of person signing)

President
(Title of person signing)

Please treat this as a simple matter of changing the corporate address and that of the registered agent.