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N. C-C.COULLIETTE

JUL 1 3 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LLOYD PARSONS ENTERPRISES, INC.
DOCUMENT NUMBER: 5 96296
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
John P. Jezo Name of Contact Person
John P. Izzo & Assoc., INC.
773 So. INDIANA AVENUE
Englewood, FL 34223 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941:) 475:7617 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$\frac{1}{2}\$35 Filing Fee \times \frac{1}{2}\$43.75 Filing Fee \times \frac{1}{2}\$43.75 Filing Fee \times \frac{1}{2}\$Certificate of Status (Additional copy is enclosed) \$\frac{1}{2}\$43.75 Filing Fee \times \frac{1}{2}\$Certificate of Status (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2010

JOHN P. IZZO JOHN P. LIZZO & ASSOC., INC. 773 S. INDIANA AVE ENGLEWOOD, FL 34223

SUBJECT: LLOYD PARSONS ENTERPRISES, INCORPORATED

Ref. Number: S96296

We have received your document for LLOYD PARSONS ENTERPRISES, INCORPORATED 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 #L03000045991 / PARSONS ENTERPRISES, LLC.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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
Regulatory Specialist II

Letter Number: 510A00012745

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to Articles of Incorporation of

LLOYD PARSONS ENTERPRISES INC.

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

96		

(Document Number of Corporation (if known)

A. If amending name, enter the new name	of the corporat	ion;
PARSONS ENTER	•	
name must be distinguishable and contain	the word "co	orporation," "company," or "incorporated" or to "Corp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if a		895 MORRISON AVENUE
Principal office address <u>MUST BE A STRE</u>	<u>EI ADDRESS</u>	ENGLEWOOD FLORIDA 34223
Enter new mailing address, if applicab (Mailing address <u>MAY BE A POST OF</u>)		
	# 1 	
		ice address in Florida, enter the name of the
D. If amending the registered agent and/onew registered agent and/or the new re		
new registered agent and/or the new re	gistered office a	
new registered agent and/or the new re Name of New Registered Agent:	gistered office a	orida street address) Florida
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if chan	gistered office (FI	orida street address) Florida (Zip Code)
new registered agent and/or the new re Name of New Registered Agent: New Registered Office Address: New Registered Agent's Signature, if chan	gistered office (FI	orida street address) Florida ty) (Zip Code)

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)

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The date of	each amendmen	t(s) adoption: <u>JU</u>	NE 2ND, 2010)		
Effective da	te <u>if applicable:</u>	JUNE 2ND, 20	(date of adopti)10	on is require	d) _[.	
		(no more than 9	0 days after ame	ndment file di	ate)	,
			-		i.	
Adoption of	Amendment(s)	(<u>CH</u>	ECK ONE)			•
		ere adopted by the ere sufficient for a		ne number of	votes cast for	the amendment
must be s	separately provide	ere approved by the ed for each voting cast for the amend	group entitled to	vote separat	ely on the ame	• -
	mainter of votes	cast for the amen	umem(s) was/we	ie sumeient i	or approvar	
by _		(voting group)		· · · · · · ·	·	
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		ere adopted by the	board of director	s without sha	ireholder actio	n and sharehold
action wa	as not required.		·		· :	_
✓ The amer	ndment(s) was/we	ere adopted by the	incorporators wi	thout shareho	. I older action an	d shareholder
	as not required.	. ,		* .	l.	
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•	Dated_JUN	IE 2ND, 2010	· · · · · · · · · · · · · · · · · · ·		,	
	Signatura	Lle	in 10	Roser		٠
•	Signature (By	y a director, presid	ent or other offic	er – if directo	ors or officers	have not been
·,.	sel	ected, by an incorpointed fiduciary b	oorator – if in the			
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•	*-		LLOYD P	ARSONS		٠
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•	. :				1	
	1		PRES	IDENT		
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