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Asion of Corporations

9/22/09 6:16 AM

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

CONSOLIDATED EQUIPTMENT SALES, INC.

Certificate of Status	0
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Christine Flores Vice President 10118 SW 53 Cd





September 22, 2009

FLORIDA DEPARTMENT OF STATE

CONSOLIDATED EQUIPTMENT SALES, INC.

10224 NW 50 ST SUNRISE, FL 33351US

SUBJECT: CONSOLIDATED EQUIPTMENT SALES, INC.

REF: V15294

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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 FAX Aud. #: H09000205411 Letter Number: 109A00031055

P.O BOX 6327 - Tallahassee, Florida 32314

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CONSOLIDATED EQUIPTMENT SALES, INC.							
DOCUMENT NUMBER:	NUMBER: V15294						
The enclosed Articles of Amenda	ent and fee are sul	bmitte	d for fil	ing.			
Please return all correspondence of	concerning this mat	lter to	the foll	owing:			
	Orlando Flores						
	Name o	f Cont	ect Persor	1			
	Consolidated Equipment Sales, Inc.						
	Fin	m/ Con	ipany				
	10224 NW 50 Street						
	Address						
	Sunrise, FL 33351						
	City/ State and Zip Code						
E-mail ad	orfceo@aol.com  E-mail address: (to be used for future annual report notification)						
For further information concerning	g this matter, pleas	se call	:				
Orlando Flore	S	at (_	954	)(	77,1-	-8844 one Number	
Name of Contact Person	n		Area Co	de & Daytim	e Teleph	one Number	
Enclosed is a check for the follow	ing amount made	payab	le to the	Florida D	epartme	ent of State:	
□ \$35 Filing Fee □ \$43.75 Fil Certificate	ing Fee & c of Status	Cer	.75 Filing tified Cop ditional co	Fee & py opy is enclos		\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Address			t Addre				
Amendment Section		Amendment Section					
Division of Corporations P.O. Box 6327				orporation	.S		
Tallahassoc FL 32314		Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## CONSOLIDATED EQUIPTMENT SALES, INC. (Name of Corporation as currently filed with the Florida Dept. of State) V15294 (Document Number of Corporation (if known) 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: CONSOLIDATED EQUIPMENT SALES, 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) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) . Florida (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

emoved and	title, name, and address of ea	enter the title and name of each office ch Officer and/or Director being adde			
Attach additi	onal sheets, if necessary)				
<u> Title</u>	<u>Name</u>	Address	Type of Action		
Presi <b>d</b> g	Orlando Flores	10118 SW 53 Court Cooper City, FL 33026	☑ Add □ Remove		
<del></del>			□ Add □ Remove		
·····					
E. <u>If amendi</u> (attach ada	ng or adding additional Artlel litional sheets, if necessary). (	es, enter change(s) here: (Be specific)			
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provision		ange, reclassification, or cancellation of discounting the amendment if not contained in the amendment.			
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must	be separately provided	for each voting	g group antifled b	o vote separat	ely on the amend		ıt	
•	The number of votes	east for the amer	idment(s) was/we	ere sufficient f	or approved			i :
ı	jy	(voting group)		,18				
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	mendment(s) was/wer n was not required.	e adopted by the	e incorporators w	ithour sharche	ider setion and si	harehold <del>or</del>	•	
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