V32339

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SECRETARY OF STATE

Amend & N/C

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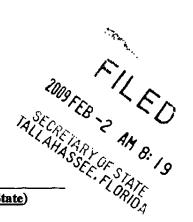
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: ZAc	HARY & ASSOCIATES, INC
DOCUMENT NUMBER: V323	339
The enclosed Articles of Amendment and fee are	submitted for filing.
Please return all correspondence concerning this	matter to the following:
Z Acti (Name of	Fielos Contact Person)
Gusket	-eres Inc
For further information concerning this matter, p	Address) Address) 1. F L 32235 te and Zip Code)
Enclosed is a check for the following amount ma	
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) S52.50 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



ZACHARY & ASSOCIATES, INC.	(N) /
(Name of Corporation as currently filed with the Florida Dept. of State)	

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

GASKET	eers, I	NC.	N 44 22
The new name must be distinguishable "incorporated" or the abbreviation "Cor". "Co". A professional corporation association," or the abbreviation "P.A."	p.," "Inc.," or Co.,	" or the designation	"Corp," "Inc," or
B. <u>Enter new principal office address, if</u> (Principal office address <u>MUST BE A ST</u>			
C. Enter new mailing address, if application (Mailing address MAY BE A POST O	able: FFICE BOX)	P.O. BOX	(350757 16, fl 32235
		JACKSONUL	16 fl 32235
D. <u>If amending the registered agent and</u> new registered agent and/or the new	or registered office	address in Florida, e	
	or registered office	address in Florida, e	
	or registered office registered office add	address in Florida, e	
new registered agent and/or the new Name of New Registered Agent:	or registered office registered office add	address in Florida, et Iress: da street address)	nter the name of the
new registered agent and/or the new Name of New Registered Agent:	or registered office registered office add	address in Florida, e lress:	

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> .	Address	Type of Action
Sec.	BLAIR E. FIELDS	5462 Park ST. JACKSONUILLE, FL 32205	Add Remove
			Add Remove
			Add Remove
E. If am (attac	nending or adding additional Articles, enter of hadditional sheets, if necessary). (Be specific	change(s) here:	
pro	n amendment provides for an exchange, recla visions for implementing the amendment if n (if not applicable, indicate N/A)	assification, or cancellation of iss ot contained in the amendment	sued shares, itself:
		V/A	
			

The date of each amendment(s) adopt	tion:Ja	ennary	30,20	,08
Effective date if applicable:	Februa	1 1	2009	
(no mor	e than 90 days afte	er amendment file	date)	
Adoption of Amendment(s)	(CHECK ON	E)		
The amendment(s) was/were adopted by the shareholders was/were sufficient	d by the sharehold ient for approval.	ers. The number of	of votes cast for th	e amendment(s)
The amendment(s) was/were approve must be separately provided for each				
"The number of votes cast for the	he amendment(s) v	vas/were sufficient	t for approval	
by	group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(voting g	group)			
The amendment(s) was/were adopte action was not required.	d by the board of d	lirectors without si	hareholder action	and shareholder
The amendment(s) was/were adopte action was not required.	d by the incorporat	tors without sharel	holder action and :	shareholder
Dated			·0 1	
(By a director selected, by	allul or other an incorporator — i duciary by that fidu	er officer – if dired f in the hands of a		
αρροπιου τι	suvice y by mail Hut	.v.m.j.)	,	
	MAUR	ted name of person	FIELD	<u>.s</u> _
	(Typed or prin	nted name of perso	on signing)	
	Presid	• _		
 -		f person signing)		