V40042

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100R 6/3/11

. COVER LETTER

Division of Corporations		
NAME OF CORPORATION:	Company C, I	TNC
DOCUMENT NUMBER:	40042	
The enclosed Articles of Amendment and for	ee are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
CAR	or Smith	
	Name of Contact Person	
Co	mpany C Ine Firm/Company	
4264	NORTHLAKE BLU Address	01
P. B. G	FL. 334	110
E-mail address: (to be	used for future annual report notification)	M
For further information concerning this matt	ter, please call:	
CAPOL Smith	at (5b1) 248-5	5934
Name of Contact Person	Area Code & Daytime Telep	phone Number
Enclosed is a check for the following amour	nt made payable to the Florida Departn	nent 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	Street Address	

TO: Amendment Section

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to
Articles of Incorporation
of

F	1	L	E	D
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Company	$C \supset$	The,	2011 M	A7 31	PM 12: 50
(Name of Corporation as cupre	itly filed with	the Florida De	pt. of State)	- ΣΕΤΔΑΎ	OF STATE
V 40	0042	4	TALL	AHASSE	OF STATE CE.FLORID:
(Document Num			<u>-</u>	-	
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	, Florida Statı	utes, this <i>Floride</i>	a Profit Corporati	<i>ion</i> adop	ts the following
A. If amending name, enter the new name of	the corporati	on:			
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the contain the word "chartered," "professioname must contain the word "chartered," "professioname must contain the word "chartered,"	he word "cordesignation"	poration," "con Corp," "Inc," or	"Co". A profes:	sional co	_The new l" or the orporation
B. <u>Enter new principal office address, if applicable;</u> (Principal office address MUST BE A STREET ADDR		426	4 NORTH	n lat	Le B(100).
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC	-		NORTH la		
D. If amending the registered agent and/or re new registered agent and/or the new regist			rida, enter the na	me or tn	<u>ie</u>
Name of New Registered Agent:					
New Registered Office Address:		NORTH rida street addres	lake BIND)	
_	R.B. G. (City,)	, Florida (Zip Code)	33	410
New Registered Agent's Signature, if changing hereby accept the appointment as registered ag			ccept the obligation	ns of the	position.
Sig	gnature of Nev	v Registered Age	nt, if changing		

The date of each amendment(s) adop i ion: _	5-26-11
•	(date of adoption is required)
Effective date if applicable:	1 90 days after amendment file date)
(no more inan	190 days after amenament file date)
Adoption of Amendment(s) (C	CHECK ONE)
The amendment(s) was/were adopted by the shareholders was/were sufficient fo	he shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):
"The number of votes cast for the ame	endment(s) was/were sufficient for approval
by(voting group)	,,,
(voting group)	
The amendment(s) was/were adopted by the action was not required.	ne board of directors without shareholder action and shareholder
The amendment(s) was/were adopted by the action was not required.	ne incorporators without shareholder action and shareholder
Dated 5-26-	11
` •	ident or other officer – if directors or officers have not been orporator – if in the hands of a receiver, trustee, or other court by that fiduciary)
<u>C</u>	AROL Smith Typed or printed name of person signing)
(Title	President of person signing)