

N13000005740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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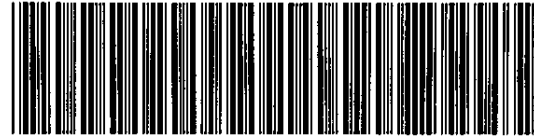
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 OCT 24 AM 11:36

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\*00789, 00721, 04135, 00671

ASR  
11/4/13

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: PINK HEALS CENTRAL FLORIDA

DOCUMENT NUMBER: N13000005740

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

Please return all correspondence concerning this matter to the following:

TINA LEMAN  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/ Company)

815 HISTORIC GOLDSBORO BLVD  
(Address)

SANFORD, FLORIDA 32771  
(City/ State and Zip Code)

PINKFIRENICE@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TINA LEMAN at ( 407 ) 688-5070 x6006  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |                                                     |                                                                        |                                                                                                     |                                                                                                                            |
|-----------------------------------------------------|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is<br>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

FILED

PINK HEALS CENTRAL FLORIDA, INC.  
(Name of Corporation as currently filed with the Florida Dept. of State)

2013 OCT 24 AM 11:36

N13000005740

(Document Number of Corporation (if known))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

PINK FIRE N ICE, INC. The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

N/A

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

N/A

**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: N/A

(Florida street address)

New Registered Office Address:

(City)

, Florida

(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)*

*Please note the officer/director title by the first letter of the office title:*

*P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.*

*Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.*

Example:

|                                            |           |                    |
|--------------------------------------------|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u>    |
| <input checked="" type="checkbox"/> Remove | <u>V</u>  | <u>Mike Jones</u>  |
| <input checked="" type="checkbox"/> Add    | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u><br>(Check One)                                     | <u>Title</u> | <u>Name</u>              | <u>Address</u>                                            |
|--------------------------------------------------------------------------|--------------|--------------------------|-----------------------------------------------------------|
| 1) <input checked="" type="checkbox"/> Change<br>____ Add<br>____ Remove | <u>V, T</u>  | <u>KARYN STANLEY</u>     | <u>1303 WILLIAM CLARK AVE</u><br><u>SANFORD, FL 32771</u> |
| 2) ____ Change<br><input checked="" type="checkbox"/> Add<br>____ Remove | <u>S, D</u>  | <u>SCOTT LEMAN</u>       | <u>4200 DIKE ROAD</u><br><u>WINTER PARK, FL 32792</u>     |
| 3) ____ Change<br>____ Add<br><input checked="" type="checkbox"/> Remove | <u>V, D</u>  | <u>STACEY LIVINGSTON</u> | _____<br>_____<br>_____                                   |
| 4) ____ Change<br>____ Add<br>____ Remove                                | _____        | _____                    | _____<br>_____<br>_____                                   |
| 5) ____ Change<br>____ Add<br>____ Remove                                | _____        | _____                    | _____<br>_____<br>_____                                   |
| 6) ____ Change<br>____ Add<br>____ Remove                                | _____        | _____                    | _____<br>_____<br>_____                                   |

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

N/A

The date of each amendment(s) adoption: 10-21-13, if other than the date this document was signed.

Effective date if applicable: N/A  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/21/13

Signature Tina M. Leman  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

TINA M. LEMAN  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)