N95000002744

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(Cit	y/State/Zip/Phone	? #)
☐ PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Citing Officer	
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Aniend C.COULLIETTE

FEB 0 4 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: STARTING O	VER ENTERPRISES,	NC
DOCUMENT NUMBER:		
The enclosed Articles of Amendment and fee are submit	tted for filing.	
Please return all correspondence concerning this matter	to the following:	
SUSAN RAN	ontact Person)	
STARTING OVER EN	STEARRISES, INC	<u> </u>
6600 S.W. 18th	STREET dress)	
MIRAMHR, FLOR (City/ State	10A 33023 and Zip Code)	
SNOWHITE C. PTLCA E-mail address: (to be used)	HINETS . FDN. COM or future annual report notification	n)
For further information concerning this matter, please of	all:	
Susau BAIN (Name of Contact Person)	at (954) 714-31 (Area Code & Daytime	62 Telephone Number)
Enclosed is a check for the following amount made pay	vable to the Florida Department of	State:
\$35 Filing Fee \$\Bigcup \$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 Amendment Section Division of Corporations P.O. Box 6327	Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2010

SUSAN BAIN STARTING OVER ENTERPRISES, INC. 6600 SW 18TH ST MIRAMAR, FL 33023

SUBJECT: STARTING OVER ENTERPRISES, INC.

Ref. Number: N95000002744

We have received your document for STARTING OVER ENTERPRISES, INC. and your check(s) totaling \$35.00. However, the document has not been filed and is being retained in this office for the following:

You failed to send the first page of the amendment form which has the name of the corporation and document number. Please locate your missing page and summit with a copy of this letter to my attention.

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: 710A00001927

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORAT	ION: STARTING C	NER	EN	TER-PRISE	SINC
DOCUMENT N	UMBER:	N95000002	744			
The enclosed Art	ticles of A	mendment and fee are submit	tted for fil	ing.		
Please return all o	correspon	dence concerning this matter	to the follo	owing:		
		SUSAN BAIN (Name of Co	ntact Pers	on)		
_		PETING OUER E				<u> </u>
	Lelet	00 5.W. 1876 500	IREE iress)		er sameda araba da da esta a	
-	MIR	AMAR, FLORIDA (City/ State a	330 200 Zip Co) <u>23</u> (de))	
	SNO	CPTLLABINETS. E-mail address: (to be used to	Compor future a	nnual i	eport notification	on)
For further inform	mation cor	ncerning this matter, please ca	all:			
SUSAN (N	BALL Came of Co	ontact Person)	_at (54 Area C) <u>714 - 32</u> ode & Daytime	Telephone Number)
Enclosed is a che	eck for the	following amount made paya	able to the	Florid	a Department of	State:
☑\$35 Filing Fee	Ce	\$43.75 Filing Fee & ertificate of Status	S43.7. Certified (Addition enclosed	Copy nal cop d)	y is	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ā C F	P.O. Box 63	nt Section Corporations]] (Amendr Division Clifton 2661 Ex	Address ment Section of Corporations Building recutive Center C see, FL 32301	ircle

Articles of Amendment to Articles of Incorporation of

Starting over	r Enterphises	, Inc.
(Name of Corporation as currently filed	d with the Florida Dept. of Sta	<u>te</u>)
(Document Number of Co	orporation (if known)	
Pursuant to the provisions of section 617.1006, Florida S the following amendment(s) to its Articles of Incorporati		rofit Corporation adopts
A. If amending name, enter the new name of the corp	ogration:	
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co," r		rporated" or the
B. Enter new principal office address, if applicable:		3
(Principal office address <u>MUST BE A STREET ADDR</u>	ESS)	10 EC
	 	
		- SP 1 =
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
	· · · · · · · · · · · · · · · · · · ·	55
		> T
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		er the name of the
Name of New Registered Agent:		
Name of New Register to Figure.		_
New Registered Office Address:	(Florida street address)	_
		_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.		of the obligations of the
Signature	of New Registered Agent if cha	naina

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
RECTOR	JOEL NIEDLE	TO SOUTH BIRCH RD FORTLANDERD AND FL 33305	Add Remove
			Add Remove
			Add Remove
E. <u>If amendi</u> (attach add	ing or adding additional Articles, ent ditional sheets, if necessary). (Be spe	er change(s) here: cific)	
		······································	

The date of each amendment(s) adoption:
(date of adoption is required)
Effective date if applicable: (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 - - O
Signature Luna Ban
(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, other court appointed fiduciary by that fiduciary)
SULAN BAIN (Typed or printed name of person signing)
FRESIDENT (Title of person signing)

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