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SECRETARY OF STATE

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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: GOURTHUE Creations, Inc. |
| DOCUMENT NUMBER: P0600083709 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Dawn Teroning Name of Contact Person |
| Gournat Creations, Inc. |
| 1334 Seagrape Cr. Address |
| Weston, F.C. 33326 City/State and Zip Code |
| Journat Creation @ ad, COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: Daw Tever at (954) 830- 7754 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: |
| \$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$Additional copy is enclosed\$\\ \bigcup \\$35 Filing Fee & Certificate of Status \$\bigcup \\$43.75 Filing Fee & Certificate of Status \$\bign \\$43.75 Filing Fee & Certificate of Status \$\bigcup \\$43.75 Fi |
| Mailing Address Amendment Section Street Address Amendment Section |
| Division of Corporations Division of Corporations Division of Corporations |
| P.O. Box 6327 Clifton Building |
| Tallahassee, FL 32314 2661 Executive Center Circle |

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 24, 2009

JAY-DAWN IERONIMO GOURMET CREATIONS, INC. 1920 S.W. 81ST AVENUE #101 NORTH LAUDERDALE, FL 33068

SUBJECT: GOURMET CREATIONS, INC.

Ref. Number: P06000083709

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2008 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$900.00.

The fees to reinstate the corporation are as follows: \$600 reinstatement fee, \$150.00 filing fee per year for the years 2008 through the current year.

Therefore, the total fee to file the reinstatement is \$900.00. Add an additional \$8.75 for each certificate of status requested.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 609A00013855

SECRETARY OF STATE

0 :8 MAY - 1 AM 8: 0

Articles of Amendment to Articles of Incorporation of Court Medicine accurrently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (Name of Corporation as currently filed with the Florida Dept. of State) (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: COUNTY CREATIONS NEVERT Planners, 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)

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 d | address) |
| _ | | , Florida |
| | (City) | (Zip Code) |

New Registered Agent's Signature, if changing Registered Agent:

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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)

| <u>Title</u> | Name | Address | Type of Action |
|---------------------|---|---------|----------------|
| ****************** | | | ☐ Add ☐ Remove |
| | | | — |
| ******************* | | | m |
| | ding or adding additional Articles, en additional sheets, if necessary). (Be sp | | |
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| provisi | mendment provides for an exchange, ons for implementing the amendment not applicable, indicate N/A) | | |
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| The date of each amendment(s) add | option: 4pul 17, 2009 |
|---|---|
| Effective date if applicable: | |
| (no m | ore than 90 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) |
| The amendment(s) was/were adop by the shareholders was/were suff | oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. |
| | oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s): |
| "The number of votes cast fo | r the amendment(s) was/were sufficient for approval |
| by | |
| (votin | g group) |
| The amendment(s) was/were adopted action was not required. | oted by the board of directors without shareholder action and shareholder |
| The amendment(s) was/were adopt action was not required. | oted by the incorporators without shareholder action and shareholder |
| Dated Opi | J 17, 2009 |
| Signature | lecotton |
| (By a dire | ctor, president or other officer – if directors or officers have not been y an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary) |
| V | Jay Ieronimo |
| | (Typed or printed name of person signing) |
| | owner |
| | (Title of person signing) |