

P10000093926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

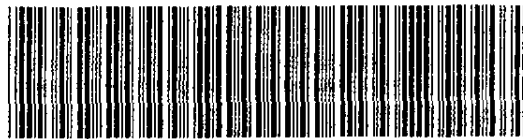
(Business Entity Name)

(Document Number)

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*Name Change  
& Amend*

03/14/11--01034--007 \*\*35.00

FILED  
2011 MAR 14 AM 10:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*DR  
3/14/11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** FASHION PASSION OF ST. PETE, INC.

**DOCUMENT NUMBER:** P10000093926

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

Please return all correspondence concerning this matter to the following:

G. BARRY WILKINSON

Name of Contact Person

WILKINSON & SADORF, P.A.

Firm/ Company

696 FIRST AVENUE NORTH

Address

ST. PETERSBURG, FL 33701

City/ State and Zip Code

GBARRYW@TAMPABAY.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

G. BARRY WILKINSON

Name of Contact Person

at ( 727 )

823-1514

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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**

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

**WILKINSON & SADORF, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

696 FIRST AVENUE NORTH, SUITE 201

ST. PETERSBURG, FLORIDA 33701

TELEPHONE (727) 823-1514

FAX (727) 823-0328

E MAIL ADDRESS

[gbarryw@tampabay.rr.com](mailto:gbarryw@tampabay.rr.com)

RICK W. SADORF\*  
G. BARRY WILKINSON\*  
CURTIS W. RAVEN\*  
\*ALSO FLORIDA LICENSED CPA  
REPLY TO:  
ST. PETERSBURG OFFICE

CLEARWATER OFFICE  
1744 N. BELCHER RD., SUITE 150  
CLEARWATER, FL 33765  
OFFICE (727) 726-1514  
FAX (727) 726-9044

March 9, 2011

Florida Department of State  
Divisions of Corporations  
Amendment Section  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Fashion Passion of St. Pete, Inc.

Dear Sir/Madam:

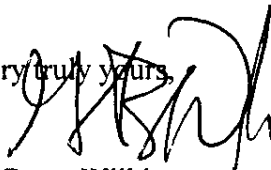
Enclosed herewith please find the following regarding Fashion Passion of St. Pete, Inc.:

1. Cover Letter;
2. Articles of Amendment to Articles of Incorporation of Fashion Passion of St. Pete, Inc., Document Number P10000093926; and
3. Fashion Passion's Check Number 195 payable to Florida Department of State in the amount of \$35.00 to cover filing fee.

Please file the Articles of Amendment to change the name of Fashion Passion of St. Pete, Inc. to Barb's Resale Shop, Inc. Please forward a copy of the stamped document to my office for further handling in the enclosed pre-addressed stamped envelope.

If you have any questions or if you need any additional information, please do not hesitate to contact me.

Very truly yours,



G. Barry Wilkinson

GBW:alk

Enclosure(s)

cc: Barbara Gorney, President

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Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

2011 MAR 14 AM 10:33

FASHION PASSION OF ST. PETE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P10000093926

(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:**

BARB'S RESALE SHOP, INC.

*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)*

1111 62ND AVENUE NORTH

ST PETERSBURG, FL 33702

**C. Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

1111 62ND AVENUE NORTH

ST. PETERSBURG, FL 33702

**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:*

G. BARRY WILKINSON

*New Registered Office Address:*

696 FIRST AVENUE NORTH, #201

*(Florida street address)*

ST. PETERSBURG

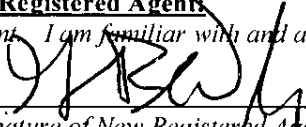
*(City)*

Florida 33701

*(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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SEC</u>	<u>BARBARA GORNEY</u>	<u>4146 21ST STREET N</u> <u>ST PETERSBURG, FL 33714</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>SEC</u>	<u>SHAIDA OMID</u>	<u>11401 ML KING ST N</u> <u>APT 1716</u> <u>ST PETERSBURG, FL 33716</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TREA</u>	<u>BARBARA GORNEY</u>	<u>4146 21ST STREET N</u> <u>ST PETERSBURG, FL 33714</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: MARCH 09, 2011

Effective date if applicable: MARCH 09, 2011  
*(date of adoption is required)*  
*(no more than 90 days after amendment file date)*

**Adoption of Amendment(s) (CHECK ONE)**

The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval  
by \_\_\_\_\_."  
*(voting group)*

The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated MARCH 09, 2011

Signature Barbara Gorney  
*(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)*

BARBARA GORNEY  
*(Typed or printed name of person signing)*

DIRECTOR, PRESIDENT & SHAREHOLDER  
*(Title of person signing)*