

P1100009968Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

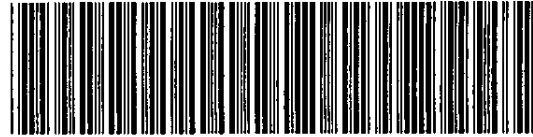
(Business Entity Name)

(Document Number)

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*Amend*

FILED  
12 JUN 15 PM 12:43  
SECURITY ASSOCIATE  
TALLAHASSEE, FLORIDA

JUN 18 2012

T. LEWIS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GLITZ SLIPZ INC

**DOCUMENT NUMBER:** P11000099682

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

Please return all correspondence concerning this matter to the following:

KATHY NIBLACK-HIGGINBOTHAM

Name of Contact Person

GLITZ SLIPZ

Firm/ Company

11599 48TH AVE N

Address

ST.PETERSBURG FL 33708

City/ State and Zip Code

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

For further information concerning this matter, please call:

KATHY NIBLACK-HIGGINBOTHAM at (727) 418-9617

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

☐ \$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

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 JUN -4 AM 9:48  
NOT RECORDED  
TO CORP KNOWLEDGE  
SUFFICIENCY OF FILING



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 4, 2012

KATHY NIBLACK-HIGGINBOTHAM  
GLITZ SLIPZ INC  
11599 48TH AVENUE NORTH  
ST. PETERSBURG, FL 33708

SUBJECT: GLITZ SLIPZ INC  
Ref. Number: P11000099682

We have received your document for GLITZ SLIPZ INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 212A00015838

RECEIVED  
2012 JUN 15 AM 8:07  
TO: DEPARTMENT OF STATE  
SUB: AGENCY OF FLORIDA

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
12 JUN 15 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GLITZ SLIPZ INC

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

P11000099682

(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:**

*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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (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:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>X</u> Change ___ Add ___ Remove	<u>PRES</u>	<u>KATHY NIBLACK-HIGGINBOTHAM</u>	<u>11599 48TH AVE N</u> <u>ST.PETERSBURG FL 33708</u>
2) ___ Change <u>X</u> Add ___ Remove	<u>VP</u>	<u>SUSANNE GOOTCHER</u>	<u>4078 N COUNTY RD 55</u> <u>ASHFORD AL 36312</u>
3) ___ Change <u>X</u> Add ___ Remove	<u>SEC</u>	<u>VIRGINIA RHEINTGEN</u>	<u>5825 LONG BAYOU WAY S</u> <u>ST.PETERSBURG FL 33708</u>
4) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
5) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
6) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____

[illegible][illegible]

The date of each amendment(s) adoption: MAY 29, 2012

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 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 5/31/12

Signature Kathy Niblack-Higginbotham

(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)

**KATHY NIBLACK-HIGGINBOTHAM**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)