# P1200024073

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(В	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer:			
	·		

Office Use Only



100239878101

03/24/12 -01052 -010 \*\*43.75



July 3

ISEP 2 5 2012 C. MUSTAIN

#### **COVER LETTER**

TO: Amendment Section Division of Corporations ALL ABOUT RECOVERY INC NAME OF CORPORATION 2000024073 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: DAVID BACK DAVID BACK ACCOUNTING INC 11327 OKEECHOBEE BLVD STE 1 Address WEST PALM BEACH, FL 33411 City/ State and Zip Code BACKACCOUNTING@GMAILCOM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DAVID BACK Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **■**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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

### **Articles of Amendment** to

# Articles of Incorporation

## ALL ABOUT RECOVERY INC

(Document Number	er of Corporation (if known)			<del>-</del>
Pursuant to the provisions of section 607.1006, Flats Articles of Incorporation:	orida Statutes, this <i>Florida Pro</i>	fit Corporation add	pts the following	ng amendment(s) to
A. If amending name, enter the new name of the	ne corporation:			
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	Corp," "Inc," or "Co". A pre	iny," or "incorpor ofessional corporati	ated" or the a ion name must	_The new abbreviation contain the
B. Enter new principal office address, if applic	able:			
(Principal office address <u>MUST BE A STREET</u> .			_	SF SF
				- 202 7 -
C. Enter new melling address if applicables				PHE
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	(BOX)			35 N
				ੂਰੰਜ਼ <b>ਨ</b>
			<u>À</u>	
			,	<del>-</del>
D. If amending the registered agent and/or reg	istored office address in Flori	do ontar the name	of the	
new registered agent and/or the new registe		da, enter the name	or the	
No. of Carlon and Carlon	· ——			
Name of New Registered Agent				
· · ·				
	(Florida street address)			
New Registered Office Address:		, Florida		_
	(City)		(Zip Code)	_
New Registered Agent's Signature, if changing Thereby accept the appointment as registered age	Registered Agent:	ant the abliques	of the necition	

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.

X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{v}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)  I) Change  Add  Remove	<u>Title</u> VP	Name DEBORAH A SMITH	Address 3690 CANAL ROAD LAKE WORTH, FL 3346
2) Change Add Remove			
3 ) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change			
Remove			

(Attach additional sheets, if necessary).	cles, enter change(s) here: (Be specific)
-	
<del></del>	
If an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:
,,	

## 9/13/12

The date of each amendmen 9) at	lg/fф2
Effective date if applicable:	
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were ado by the shareholders was/were sur	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	for the amendment(s) was/were sufficient for approval
by	(voting group)
•	(voting group)
action was not required.	pted by the board of directors without shareholder action and shareholder
action was not required.	pted by the incorporators without shareholder action and shareholder
9/13/12 Dated_	2
Signature	Levegee Maleer  irector, president or other officer – if directors or officers have not been
selected	d, by an incorporator – if in the hands of a receiver, trustee, or other court ded fiduciary by that fiduciary)
Ç	GEORGIA MCGEENEY
	(Typed or printed name of person signing)
F	PRESIDENT
•	(Title of person signing)