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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: ELIZABETH BER: P1300003205	H N SCOVIL IN	С
DOCUMENT NUME	BER: 1 1000000200		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	ELIZABETH SCO	OVIL	
•		Name of Contact Perso	on
		Firm/ Company	
	2941 STATEN RO	DAD	
		Address	
	ORLANDO, FL 32	2804	
	•	City/ State and Zip Co	de
FS	COVIL@CFL.RR.	COM	
	E-mail address: (to be us		t notification)
	·	·	
For further information	n concerning this matter, pleas	e call:	
ELIZABETH	SCOVIL	at (407	9475006
Name o	of Contact Person	Area C	ode & Daytime Telephone Number
Enclosed is a check fo	r the following amount made p	ayable to the Florida Dep	partment of State:
□ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amo Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amer Divis Clifto	t Address  Industrial description of Corporations  In Building  Executive Center Circle

Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation of

AUG 29 PH 2:19

## **ELIZABETH N SCOVIL INC**

P13000032052			
(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	rida Statutes, this Florida Profit Co.	rporation adopts the follow	ving amendment(s) to
A. If amending name, enter the new name of the	corporation:		
ELIZABETH SCOVIL INC			The new
name must be distinguishable and contain the ward "Corp" "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or the designation of the contains the word "chartered," "professional association." or the designation of the contains t	orp," "Inc," or "Co". A profession		abbreviation
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
	<del></del>		_
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<i>BOX</i> )		_
D. If amending the registered agent and/or reginew registered agent and/or the new register		iter the name of the	
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

The date of each amendment		, if other than the
date this document was signed  Effective date if applicable:	AUGUST 23, 2013	
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/wer by the shareholders was/we	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of votes	s cast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/wer action was not required.	re adopted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/wer action was not required.	re adopted by the incorporators without shareholder action and shareholder	
Dated_08	/23/2013	
Signature	Elizabeth nsan	
sc	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court popointed fiduciary by that fiduciary)	
	ELIZABETH SCOVIL	
	(Typed or printed name of person signing)	
	PRESIDENT	

(Title of person signing)