## P13000019009

Office Use Only



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SECRETARY OF STATE DIVISION OF GORPORATIONS 2015 HAR 10 AM 11: 39

Amend/CC

## **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Leap Boutique, Inc. P13000079009 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Angel Browe** Name of Contact Person Leap Boutique, Inc Firm/ Company 323 Third Street NW Winter Haven, FL 33881 City/ State and Zip Code leap323@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Angel Browe 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) **Street Address Mailing Address** 

Amendment Section
Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## Articles of Amendment to Articles of Incorporation of



Leap Boutique, Inc			- <sup>~~</sup> //:3
(Name of Corporation as currently	y filed with the Florida Dep	t, of State)	- <b>J</b>
P13000079009		_	_
(Document Number	of Corporation (if known)		<b></b>
Pursuant to the provisions of section 607.1006, Florits Articles of Incorporation:	rida Statutes, this Florida Pro	ofit Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or t	orp," "Inc," or "Co". A pr	any," or "incorporated" or the or rofessional corporation name must	abbreviation contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A	ble: DDRESS)		_
			<del></del>
C. Enter new mailing address, if applicable:	<del></del>		_
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )		
	<del> </del>		<u> </u>
			_
D. If amending the registered agent and/or registered agent and/or the new register		ida, enter the name of the	
Name of New Registered Agent	- <del></del>		
	(Florida street address)		
New Registered Office Address:	(0)	, Florida(Zip Code)	_
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I	Dagistarad Agent		
I hereby accept the appointment as registered agen	it. I am familiar with and ac	cept the obligations of the position.	
Grand and	CN Designation of 4 if -1	avaina	
Signature of	f New Registered Agent, if ch	unging	

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	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	Pres	Anne-Christine E Holby	323 3rd Street
Add			Winter Haven, FL 33881
Remove			
2) Change	Pres	Angelic C Whelpley-Browe	323 3rd Street
Add			Winter Haven, FL 33881
Remove			
3) Change	TR	Anne-Christine E. Holby	323 3rd Street
Add			Winter Haven, FL 33881
Remove			
4) Change	TR	Angelic C Whelpley-Browe	323 3rd Street
Add			Winter Haven, FL 33881
Remove			-
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)	
		<u>.</u>
		<u>.</u>
		<del></del>
		<del></del>
177		<del></del>
f an amendment provides for an exch	ange, reclassification, or cancellation of issued sha	res,
provisions for implementing the amen (if not applicable, indicate N/A)	adment if not contained in the amendment itself:	
,		
		<del></del>

The date of each amendment(s) adoption:	, if other than th
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	
Signature Aut TUK 31 105	
(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)	
Anne-Christine t-tolby (Typed or printed name of person signing)	<u>—</u>
President/treasurer (Title of person signing)	<del></del>
(Title of person signing)	