## **P9700008613**

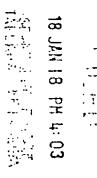
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R. WHITE
JAN 1 8 2018

## **COVER LETTER**

land a displant
NAME OF CORPORATION: VILLAL S DOCK WHOD IN (1.
DOCUMENT NUMBER: P9700086113
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary DIOGO (Name of Contact Person)
Jaines Body Shop
(Firm/ Company)
7515 Huninum Rd.
(Address)
1. HMCK15, PC 33903
(City State and Zip Code)
E-mail address: (to be used for future a mual report notification)
Eur forther information accession this master allege
For further information concerning this matter, please call:
11/\(\(\lambda\) \(\lambda\) \
(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:
S35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)  S52.50 Filing Fee Certificate of Status (Certified Copy (Additional Copy is Enclosed)

Mailing Address

TO: Amendment Section

Division of Corporations

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



December 15, 2017

MARY DIOGO 7515 ALUMINUM RD N. FT. MYERS, FL 33903

SUBJECT: JAIME'S BODY SHOP, INC.

Ref. Number: P97000086113

We have received your document for JAIME'S BODY SHOP, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 117A00025438

## COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: James body Chyp In C
DOCUMENT NUMBER: P 4 70000 8@11 5
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Diago
Jame of Confidenceson  Same of Confidenceson  Same of Confidenceson
7515 HUNUNUM Rd
1. AMICUS, FLB3903
Cit/State and Zip Code  Cit/State and Zip Code  L-mail address: (to be used for future and ual report solification)
For further information concerning this matter, please call:
Name of Contact Person at (459) 475-72-58  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
□ \$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) □ \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) □ \$52.50 Filing Fee & Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Example 1

## Articles of Amendment Articles of Incorporation (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: 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) . Florida, New Registered Office Address: (Zip Code) (City) 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: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			^ <del>/</del>
Remove			
3 ) Change		- A-H-K	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
At -0 -1 -0 -1 -0 -1
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Janes Maria De Tours
Saire S May Stop 1110
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)

The date of each amendment(s) adoption: $\frac{12/5/17}{}$ if other than the
date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
ne amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s)  1 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 east 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 $\frac{12\sqrt{5/2017}}{2}$
n = n + n + n + n + n + n + n + n + n +
Signature (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)
1/12 rd Diog C
(Typed or printed name of person signing)
Cocretary/Treasurer
(Title of porson signing)