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NC 01 2017

TO: Amendment Section Division of Corporations

			!
NAME OF CORPORATION:	CASE	IN POINT	OF TAMPA Bay, INC
DOCUMENT NUMBER:	7110	0010795	5
The enclosed Articles of Amenda			
Please return all correspondence	concerning this ma	utter to the following:	
S	tever	Bellavigy Name of Contact Per	na
<u>C</u>	ASE IN	POINT OF	Tampa Bay, Inc.
	,	Firm/ Company	,
<u> 1311</u>	N. Wes	John Bly	D site 101
		Address	
TA	MOA IPL	Address  33607  City/ State and Zip C	
		City/ State and Zip C	ode
			ort notification)
For further information concerning	g this matter, plea	se call;	
Steven Bello Name of Contact	Person Person	at ( <u>813</u> Area (	Code & Daytime Telephone Number
Enclosed is a check for the follow	ring amount made	payable to the Florida Do	epartment of State:
S35 Filing Fee 4343 Cer	.75 Filing Fee & tificate of Status	Certified Copy (Additional copy is enclosed)	Certificate of Status

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



May 23, 2017

STEVEN BELLAVIGNA 1311 N WESTSHORE BLVD STE 101 TAMPA, FL 33607

SUBJECT: CASE IN POINT OF TAMPA BAY, INC.

Ref. Number: P11000107955

We have received your document for CASE IN POINT OF TAMPA BAY, 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 is incomplete. Please find enclosed and submit the missing pages. Please note: page 4 must be completed and submitted.

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: 117A00010336

COVER LETTER
O: Amendment Section Division of Corporations
OCUMENT NUMBER: P11000107955
he enclosed Articles of Amendment and fee are submitted for filing.
lease return all correspondence concerning this matter to the following:
Steven Bellavignal Name of Contact Person
CASE in Point of Janpa Bay, Inc.
4520 W. OAKellar Avenue # 13043
Tanpa, Florida 33611  City/ State and Zip Code
Stare Cizi Danail com

For further information concerning this matter, please call:

Steven Bellavigna at 813. 714-9140
Name of Contact Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

43.75 Filing Fee & Certificate of Status

2343.75 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

## Articles of Amendment

10	
Articles of Inco	orporation

· of	
Case in Point of TAME	
(Name of Corporation as currently	filed with the Florida Dept. of State)
P1100010795	
	Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
EVE'S FOR TUSTICE THY	ESTIGATIONS, INC The new
name must be distinguishable and contain the word "corporation" "Corp.," "Inc.," or ("o.," or the designation "Corp.," "Inc," or "Cword "chartered," "professional association," or the abbreviation "	(a) A professional corporation name must contain the
D. D	5005 N. Laurel St.
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	5005 W. Laurel St. STE 203
	TAMPA; FL 33607
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4520 W. OA Keller Ave
	# 13013
	TAMPA, FL 33611
	1100,04
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address:	ess in Florida, enter the name of the
Name of New Registered Agent	
(Florida stre	eet address)
V. D. January J. Offices Addresses	. Florida
New Registered Office Address:	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	The state of the state of the state of
I hereby accept the appointment as registered agent. I am familiar w	enth and accept the obligations of the position.
Signature of New R	egistered 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: $\underline{X}$ Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</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			
Remove			
3 ) Change			
Add			
Remove			
4) Change	<del></del>		
Add			
Remove			
5) Change			
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Remove			
6) Change		_	
Add			
Remove			

•	(Be specific)		
		<del></del>	
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	_ <del></del> .	<del>.</del>	
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an amendment provides for an exch rovisions for implementing the ame	ange, reclassification, or	cancellation of issued s	hares.
rovisions for implementing the amei	ndment it not contained	in the amendment itself	<u>i</u>
(if not applicable, indicate N/A)			
	NA		
			·

The date of each amendment(s) ac	doption:	<u> </u>	, if oth	er than the
date this document was signed.		7 2. 10		
Effective date <u>if applicable</u> :		7 - 20 - 20 than 90 days after amen	517	_
	(no more i	than 90 days after amen	dment file date)	
Note: If the date inserted in this b document's effective date on the De	plock does not meet the spartment of State's reco	applicable statutory fili ords.	ing requirements, this date will not be li	isted as the
Adoption of Amendment(s)	( <u>CHECK ONE</u>	(3)		
e amendment(s) was/were add by the shareholders was/were su	opted by the shareholder: flicient for approval.	s. The number of votes	cast for the amendment(s)	
The amendment(s) was/were app must be separately provided for	proved by the shareholde each voting group entit	ers through voting group tled to vote separately or	s. The following statement n the amendment(s):	
"The number of votes cast	for the amendment(s) w	as/were sufficient for ap	proval	
by	(voting group)			
	(voting group)			
The amendment(s) was/were add action was not required.	opted by the board of dir	rectors without sharehold	ler action and shareholder	
The amendment(s) was/were add action was not required.	opted by the incorporator	rs without shareholder a	ction and shareholder	
Dated	-7-201	7	_	
Signature	1 24 13 1	Margan	)	
(By a d	irector, president or other	er officer - if directors o	or officers have not been	
selecte	d, by an incorporator + i	if in the hands of a receive	ver, trustee, or other court	
appoin	ted fiduciary by that fide	uciary)		
	Steven	Bellavia	<u>va</u>	
	(Typed or pr	rinted name of person 51	gning;	
	F	vcl.		
	· ·	(Title of person signing)	1	