## F12000001899

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	<u> </u>
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	Certificate	s of Status
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SECRETARY OF STRUCTS
DIVISION OF CORPORASION
12 JUN -4 AM 8: 24

Amend/AFFidavit 10 4/1/2 OFF/Directors

## **COVER LETTER**

Division of Corporations	
SUBJECT: FirstHand P	rofessional Services, Inc.
DOCUMENT NUMBER: F12000	0001899
The enclosed Affidavit by Foreign Corporation submitted for filing.	to Change/Add Officer(s) and/or Director(s) and fee are
Please return all correspondence concerning this	s matter to the following:
Carmelita McCullo Name of Contact Person	ugh
First Hand Protessional Sa Firm/Company	ervices
3119 Indian Trail Address	
Lake Worth FL 3 City/State and Zip Code	33462
Firsthand pro@gmail.  E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter,  Carmella M.Cullough at  Name of Contact Person	please call:  (Sol ) 777-3703  Area Code & Daytime Telephone Number
Enclosed is a check made payable to the Florida	a Department of State for the following amount:
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 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

CR2E127 (10/11)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

The name of the foreign corporation as it is     FirstHand Professional Services, Inc.	appears on the records of the Florida Department of State is:
2. This entity was authorized to transact businumber is F12000001899	iness in Florida on May 3, 2012 and its Florida document
3. This corporation was formed under the law	ws of Georgia
4. The name and address of each officer and	/or director is as follows:
<u>Title:</u>	Name and Address
<u>P/T</u>	Dreidre Dozier
	4359 Ivy Run
	Ellenwood, GA 30294
VP, S	Carmelita McCullough
	3119 Indian Trail
	Lake Worth, FL 33462
(Attack addition	ional pages if necessary)
(Attach additi	ional pages if necessary)
Olmulta M. C. P. h. nature of an officer or director	Title of person signing

Carmelita McCullough

Typed or printed name of person signing

CR2E127 (10/11)

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations PO Box 6327 Tallahassee, FL 32314