

F15000003017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SCOTT SKIBBIE INCORPORATED

Name of Corporation

DOCUMENT NUMBER: F15000003017

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT A. SKIBBIE

Name of Contact Person

SKIBBIE CPA INC.

Firm/Company

41 WHISPERING PINES CT

Address

WINCHESTER, TN 37398

City/State and Zip Code

scott@skibbiecpa.com

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

For further information concerning this matter, please call:

SCOTT SKIBBIE

931

434-6157

at ()

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check 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

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F15000003017

(Document number of corporation (if known))

1. SCOTT SKIBBIE INCORPORATED

(Name of corporation as it appears on the records of the Department of State)

2. TENNESSEE

(Incorporated under laws of)

3. 07/13/2015

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 2/2/2017

5. SKIBBIE CPA INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

SKIBBIE CPA PC

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

(Signature of a director, president or other officer - if in the hands
of a receiver or other court appointed fiduciary, by that fiduciary)

SCOTT A. SKIBBIE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SCOTT SKIBBIE
41 WHISPERING PINES CT
WINCHESTER, TN 37398

May 16, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0238050

Issuance Date: 05/16/2017
Copies Requested: 1

Document Receipt

Receipt #: 003380028 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3702350268 \$20.00

Regarding: Skibbie CPA Inc.

Filing Type: For-profit Corporation - Domestic

Formation/Qualification Date: 09/10/2009

Status: Active

Duration Term: Perpetual

Business County: FRANKLIN COUNTY

Control #: 609930

Date Formed: 09/10/2009

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Skibbie CPA Inc.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 022461830

ARTICLES OF AMENDMENT TO THE CHARTER FOR-PROFIT CORPORATION (SS-4421)



Business Services Division
 Tre Hargett, Secretary of State
 State of Tennessee
 312 Rosa L. Parks Ave., 6th Fl.
 Nashville, TN 37243
 (615) 741-2286

Filing Fee: \$20.00

For Office Use Only

FILED

Pursuant to the provisions of T.C.A. § 48-24-106 the undersigned corporation adopts the following articles of amendment to its charter:

1. Please insert the name of the corporation as it appears on record: Scott Skibbie Incorporated
 If Changing the name, insert the new name: SKibbie CPA Inc.
 Secretary of State control number (If known): 609930

2. If the document is not to be effective upon filing by the Secretary of State, the delayed effective date and time is:
 (Not to exceed 90 days) Effective Date: Month / Day / Year Time:

3. Please insert any changes that apply:

A. Principal Street Address: 41 Whispering Pines Court
 City: Winchester State: TN Zip Code: 37398 County: Franklin
 B. Registered Agent: Scott Skibbie
 C. Registered Address: 41 Whispering Pines Court, Winchester, TN 37398

4. Other Provisions:

5. The amendment was duly adopted on: 1, 30, 2017
 Month Day Year

- ☐ The incorporators without shareholder action, as such was not required.
☐ The board of directors without shareholder action, as such was not required.
☒ The shareholders.

Note: Pursuant to T.C.A. § 10-7-503 all information on this form is public record.

1-30-2017
 Signature Date

President
 Signer's Capacity (if other than individual capacity)

Scott A. Skibbie
 Signature

Scott A. Skibbie
 Name (printed or typed)