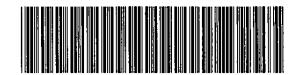


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#### **COVER LETTER**

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
Name of Contact Person at (
Enclosed is a check for the following amount:
\$35.00 Filing Fee  X \$43.75 Filing Fee & Certificate of Status  \$43.75 Filing Fee & Certificate Copy (Additional copy is enclosed)  \$43.75 Filing Fee & Certificate of Status & Certificate of Status & Certificate Copy (Additional copy is enclosed)
Mailing Address: Street Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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		15000003017	
	(Document numb	ber of corporation (if known)	
1. SCOTT SKIBBIE INCORPO	DRATED		
(Na	me of corporation as it appea	ars on the records of the Department of State)	
2. TENNESSEE		3. 07/13/2015 (Date authorized to do bus	
(Incorporate	ed under laws of)	(Date authorized to do bus	iness in Florida)
		ECTION II LY THE APPLICABLE CHANGES)	
4. If the amendment changes	the name of the corpora	tion, when was the change effected un	der the laws of
its jurisdiction of incorpora	ation? 2/2/2017		
5. SKIBBIE CPA INC.			
(Name of corporation after appropriate abbreviation,	the amendment, adding if not contained in new	suffix "corporation," "company," or name of the corporation)	"incorporated," or
SKIBBIE CPA PC			÷ , =
(If new name is unavailable business in Florida)	in Florida, enter alterna	ate corporate name adopted for the pur	pose of transacting
6. If the amendment changes	the period of duration, i	ndicate new period of duration.	다. 교 (전 전 (건)
	<del>(1</del>	New duration)	90
7. If the amendment changes	the jurisdiction of incorp	poration, indicate new jurisdiction.	•
	(Ne	ew jurisdiction)	
8. Attached is a certificate or 90 days prior to delivery of having custody of corporat	document of similar important fine application to the Electric records in the jurisdict	port, evidencing the amendment, author Department of State, by the Secretary of tion under the laws of which it is incor	enticated not more than f State or other official porated.
	(Signature of a director, pof a receiver or other cou	resident or other officer - if in the hands rt appointed fiduciary, by that fiduciary)	
SCOTT A. SKIBBIE		PRESIDENT	
(Typed or printed no	ame of person signing)	(Title of person signing)	



### **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:

**Document Receipt** 

Receipt #: 003380028

Payment-Credit Card - State Payment Center - CC #: 3702350268

Filing Fee:

\$20.00

\$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: Formation Locale: TENNESSEE

09/10/2009

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.

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.

312 Rosa L. Parks Ave., 6th Fl. Nashville, TN 37243 (615) 741-2286

Filing Fee: \$20.00

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FILED

Pursuant to the provisions of T.C.A. § 48-24-106 the unamendment to its charter:	undersigned corporation adopts the following articles of
1. Please insert the name of the corporation as it apperent of Changing the name, insert the new name: $\frac{5  \ell \zeta}{6  \ell}$ . Secretary of State control number (If known): $\frac{6  \ell \zeta}{6  \ell}$ .	ars on record: Scott SKibbic Incorporated ibbie CPA Inc
2. If the document is not to be effective upon filing by the (Not to exceed 90 days) Effective Date:	ne Secretary of State, the delayed effective date and time is:  Time:
3. Please insert any changes that apply:  A. Principal Street Address: 41 Whisp.  City: Whisper State: TN Zi  B. Registered Agent: 5 Cott 5 h  C. Registered Address: 41 Whisperix  4. Other Provisions:	ering Pines Court  p Code: 37398 County: Franklin  Sibbie  g Pines Court, Winchester, TN 3739
5. The amendment was duly adopted on:  The incorporators without shareholder action, as:  The board of directors without shareholder action The shareholders.  Note: Pursuant to T.C.A. § 10-7-503 all information on	such was not required. , as such was not required.
1-30-2017 Signature Date  President Signer's Capacity (if other than individual capacity)	Signature  Scott A. S. Kibbie  Name (printed or typed)