

F94000005220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

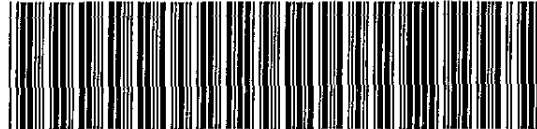
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
04 JAN 28 PM 12:26  
DEPT. OF REVENUE  
DIVISION OF TAX OPERATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 JAN 28 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N.C.  
C. Castellino JAN 28 2004

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

850-222-2785

City/St/Zip

Phone #

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- \_\_\_\_\_
- 2- PALM FOUNDATION HOME DIVISION, INC.
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palm Foundation, Inc., now known as Palm Foundation Home Division, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** F94000005220

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edward A. Kalish, Esquire  
(Name of person)

First Florida Bank  
(Name of firm/company)

8850 Tamiami Trail North  
(Address)

Naples, Florida 34108  
(City/state and zip code)

For further information concerning this matter, please call:

Edward A. Kalish, Esquire at ( 239 ) 597-4660  
(Name of 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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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)**

F94000005220

(Document number of corporation (if known))

1. Palm Foundation, Inc.  
(Name of corporation as it appears on the records of the Department of State)
2. Nevada 3. September 21, 1994  
(Incorporated under laws of) (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? November 26, 2002

5. Palm Foundation Home Division, 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)

Not Applicable


(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.

Not Applicable  
(New duration)

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

Not Applicable  
(New jurisdiction)

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

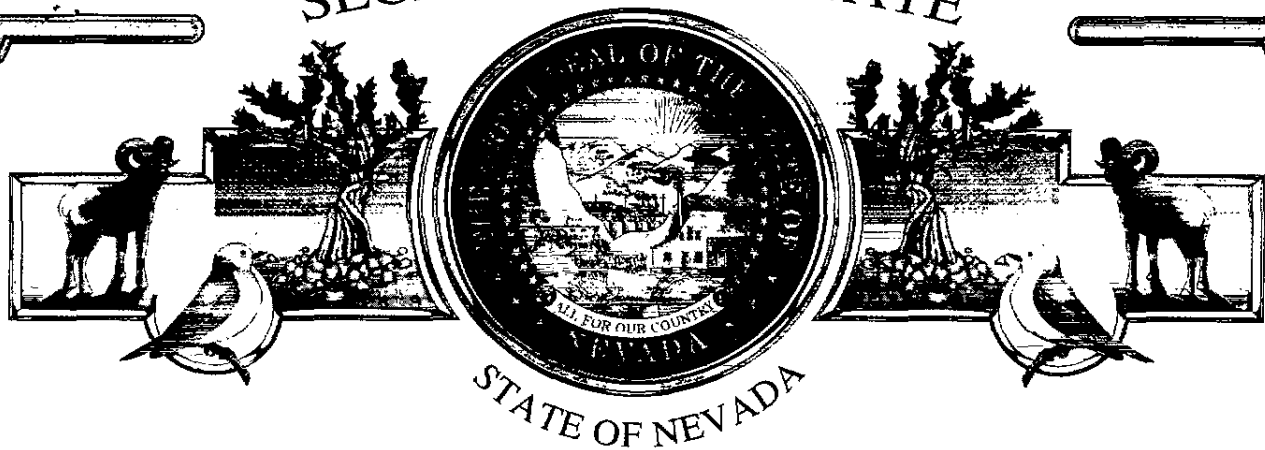
Steven H. Loveless  
(Typed or printed name of person signing)

JAN. 27, 2004  
(Date)

President  
(Title of person signing)

FILED  
04 JAN 28 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

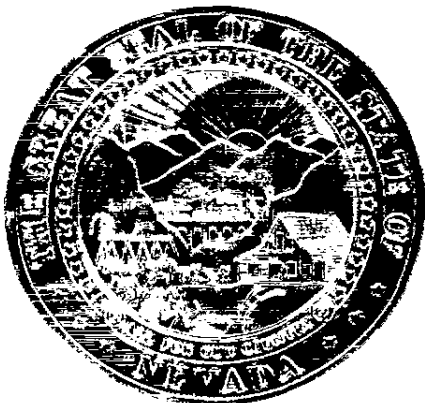
# SECRETARY OF STATE



## CERTIFICATE OF NAME CHANGE

I, DEAN HELLER, the duly qualified and elected Nevada Secretary of State, do hereby certify that on **November 26, 2002** a Certificate of Amendment to its **Articles of Incorporation** changing the name to **PALM FOUNDATION HOME DIVISION, INC.**, was filed in this office by **PALM FOUNDATION, INC.** Said change of name has been made in accordance with the laws of the State of Nevada and that said Certificate of Amendment is now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on January 21, 2004.



A handwritten signature in cursive script, reading "Dean Heller".

DEAN HELLER  
Secretary of State

By

A handwritten signature in cursive script, reading "T. J. Law".

Certification Clerk