# M32661

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SEGRÉTARY OF STATE ALLAHASSEE, FLORID,

Amend + 14/c

18 12/30/10

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations .

P.O. Box 6327

Tallahassee, FL 32314

NAME OF CORPORAT	ΓΙΟΝ:	Sweet Dreams Publicatio	ns, Inc.
DOCUMENT NUMBER:		M32661	4
The enclosed Articles of A	Amendment and fee	are submitted for filing.	
Please return all correspon	ndence concerning th	is matter to the following:	
	La	urie Mueller-Glorieux	
	1	Name of Contact Person	
		Firm/ Company	
	1	113 S.E. 9th Street	
		Address	
· ———		Lauderdale, FL 33316 City/ State and Zip Code	
· ·		empanopetlodge.com	
	E-mail address: (to be use	ed for future annual report notification)	
For further information co	oncerning this matter,	, please call:	
Laurie	Glorieux	at ( 954 ) Area Code & Daytime T	895-1775
Name of Conta			
Enclosed is a check for the	e following amount r	made payable to the Florida Depa	artment of State:
	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	on .	Street Address Amendment Section	
Division of Corporations		Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 17, 2010

LAURIE MUELLER-GLORIEUX 1113 SW 9TH STREET FORT LAUDERDALE, FL 33316

SUBJECT: SWEET DREAMS PUBLICATIONS, INC.

Ref. Number: M32661

We have received your document for SWEET DREAMS PUBLICATIONS, 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):

Please list the title(s) of each officer in your document.

The date of adoption of each amendment must be included in the document.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 610A00029203

### **Articles of Amendment** Articles of Incorpo of

oration	PASECON FILED
S, INC. Florida Dept. of State)	TALL AHASSEE, FLORIDA
(if known)	- FLORIDA

**Sweet Dreams Publications** (Name of Corporation as currently filed with the

	M32661			CE, FISTATE
(Document Num	ber of Corporat	ion (if known)		CE, FLORIDA
Pursuant to the provisions of section 607.1006 amendment(s) to its Articles of Incorporation:	6, Florida Statut	es, this <i>Florida Pro</i>	ofit Corporation adop	ots the follow
A. If amending name, enter the new name of	f the corporatio	<u>n:</u>		
Fort Lauder	rdale Pet Lod	ge, Inc.		The new
name must be distinguishable and contain t abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "proj	designation "C	orp," "Inc," or "Ce	o". A professional co	- d" or the orporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1113 S.E. 9th S	Street	<del>-</del>
		Fort lauderdale	<u>, FL 33316</u>	
			_	-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		Fort Lauderdale	Pet Lodge c/o La	urie Glorieu
		1113 S.E. 9th S Fort Lauderdale		
D. <u>If amending the registered agent and/or remew registered agent and/or the new registered agent a</u>			enter the name of th	<u>1e</u>
Name of New Registered Agent:	Laurie A. Glo	rieux		
	1113 S.E. 9th	Street		
New Registered Office Address:	(Flori	da street address)	<del></del>	
	Fort Lauderda (City)	ale	, Florida_33316 (Zip Code)	3
Now Designational Associate Company to the con-				
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as			the obligations of the	position.
	The same	. 1 . 1	eriu/	•
/ <del>-</del>	<del>-1</del>		<del></del>	

Signature of New Registered 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: (Auach additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	Address	Type of Action
PSD	Laurie Mueller	1113 SE 9 Street Fort Lauderdale, FL 33316	_ □ Add _ ☑ Remove
<u>PST</u>	Laurie Glorieux	1113 SE 9th Street  Fort Lauderdale, FL 33316	_ ☑ Add _ □ Remove
VP	John Glorieux	1113 SE 9th Street Fort Lauderdale, FL 33316	_ ☑ Add _ □ Remove
N/A	dditional sheets, if necessary). (B		
		ge, reclassification, or cancellation of is tent if not contained in the amendment	
	ot applicable, indicate N/A)		
N/A			
-			
			<del></del>
<del></del>			

The date of each amendment(s	s) adoption: 9 DEC 2010
Effective date <u>if applicable</u> :	(date of adoption is required)
Effective date it applicable:	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/wer	e adopted by the shareholders. The number of votes cast for the amendment(s) the sufficient for approval.
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	ast for the amendment(s) was/were sufficient for approval
by	voting group)
(	(voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Signature (By a	mber 9, 2010  Mulliw - Horeiteld director, president or other officer - if directors or officers have not been
	ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Laurie A. Mueller (Glorieux)
	(Typed or printed name of person signing)
	Officer - PST
	(Title of person signing)