

N05000067027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

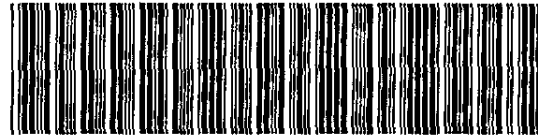
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900057102739

07/14/05--01007--4006 **25.100

FILED
05 JUL 14 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Amen

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: E. A. S. E. Group, Inc.

DOCUMENT NUMBER: _____

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shaunna T. Elliott
(Name of Contact Person)

(Firm/ Company)

4465 Treehouse Lane, #13A
(Address)

Tallahassee, FL 32319
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Nikki Elliott at (754) 246-8423
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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

Articles of Amendment
to
Articles of Incorporation
of

E.A.S.E. Group, Inc.

(Name of corporation as currently filed with the Florida Dept. of State)

(Document number of corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

NEW CORPORATE NAME (if changing):

(must contain the word "corporation," "incorporated," or the abbreviation "corp." or "inc." or words of like import language; "Company" or "Co." may not be used in the name of a not for profit corporation)

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

Please add me - Shawnequa T. Elliott
as the President, Treasurer, Secretary
and a board of Director - Address is:
4465 Treehouse Lane, #13A - Tampa, FL 33319

And Myles B. Schlam - as a Board
of Director - Address is: 4377 S.W. 10th Pl, #7
Deerfield Beach, FL 33442

FILED
05 JUL 14 PM 1:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The date of adoption of the amendment(s) was: 7/12/05

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was (were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signed this 12th day of July, 2005.

Signature

Shawnequa T. Elliott

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Shawnequa T. Elliott

(Typed or printed name of person signing)

President, Secretary, Treasurer, and a Board of Directors
(Title of person signing)

FILING FEE: \$35