# N09000007173

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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SECRETARY OF STATE
ALLAHASSEE, FLORI

Anara + N.C. C.COULLIETTE

FEB 15 2010

**EXAMINER** 

#### **COVER LETTER**

**ȚO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: The Red Shoe	Foundation, Inc	· · · · · · · · · · · · · · · · · · ·
DOCUMENT NUME	BER: N09000007173		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
·		sica Rojas Contact Person)	· · · · · · · · · · · · · · · · · · ·
	(	,	
	The Red Sh	oe Foundation, Inc	
	(Firm	n/ Company)	
	400 \	Diana Dala Odd	
		D'este Unit 611 Address)	
		,,	
	Delray B	each, Fl 33445	
	(City/ Sta	te and Zip Code)	
	inning @	adahaaina aam	
	E-mail address: (to be use	edshoeinc.com ed for future annual report notific	eation)
For further informatio	n concerning this matter, pleas	e call:	
	,		
Jessica Roias		at ( <u>561</u> ) <u>846-918</u>	31
	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check for	or the following amount made	payable to the Florida Departmen	nt of State:
☑ \$35 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)
	ng Address	Street Address	,
	dment Section on of Corporations	Amendment Section Division of Corporati	ons
P.O. E	30x 6327	Clifton Building	
Tallah	assee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2010

· JESSICA ROJAS THE RED SHOE FOUNDATION INC 128 VIA D'ESTE UNIT 611 DELRAY BEACH, FL 33445

SUBJECT: THE RED SHOE FOUNDATION INC

Ref. Number: N09000007173

We have received your document for THE RED SHOE FOUNDATION INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Where is the front page of your amendment form? We only received the last two pages of the form and the cover sheet.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 710A00001466

MECELVED 2010 FEB 11 AM 8: 00 SECRETARY OF STATE AELAHASSEE, FLORIGA

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: The Lec	d Faundatic	
DOCUMENT NUMBER: NOTO	0007173	)
The enclosed Articles of Amendment and fee are submitt	ed for filing.	
Please return all correspondence concerning this matter to	the following:	
Jessica Romane of Con	hact Person)	<del></del>
The lad shoe (Firm/Co	FOUNCIOHIC mpany)	<b>N</b>
128 Via O. Esta	#611 ess)	
Delray Beach, F (City/State and	<u>L 33445</u> d Zip Code)	
E-mail address: (to be used for	future annual report notification	<u>n)</u>
For further information concerning this matter, please cal	l:	
(Name of Contact Person)	at (SQ) 8 (ICT) (Area Code & Daytime)	
Enclosed is a check for the following amount made payab	ole to the Florida Department of	State:
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	Street Address Amendment Section Division of Corporations Clifton Building	·

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to

**Articles of Incorporation** 

(Document Number	or of Corporation (if known)	<u> </u>
Pursuant to the provisions of section 617.1006, Flo the following amendment(s) to its Articles of Inco		er Profit Corporation adopts
A. If amending name, enter the new name of the The new name must be distinguishable and contabbreviation "Corp." or "Inc." "Company" or "	ain the word "corporation" or "	
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	10 FEB I S AN SECRLTARY OF ALLAHASSELF
		9: <b>42</b>
D. If amending the registered agent and/or reg new registered agent and/or the new registe		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	(City)	, Florida (Zip Code)

Page 1 of 3

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:

(Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
VP	Chiara Kobinson	128 Via DESte Hall Delray	_ □ Add <del>□ Rem</del> ove 3445
<del></del>			
E. If amen (attach d	ding or adding additional Articles, entendeditional sheets, if necessary). (Be spec	r change(s) here:	
		.,, , ,,	

The date of each amendment(s) adoption:
Effective date if applicable: (date of adoption is required)
. (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(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated 2/8/10 Signature Classical Rejest President
(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)
(Typed or printed name of person signing)
(Title of person signing)