N0900010320

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone#)
PICK-UP	☐ WAIT	MAIL
	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	1

Office Use Only



200204028612

04/26/11--01023--003 **52.50

11 AUG 24 PM 3: 07
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

ANEND



RECEIVED

11 AUG 22 AM 8: 30

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

July 5, 2011

SHAWN D. HARDMAN AMERICAN PARANORMAL PROJECT INC 19556 S W 36 STREET DUNNELLON, FL 34431

SUBJECT: AMERICAN PARANORMAL PROJECT INC.

Ref. Number: N09000010320

We have received your document for AMERICAN PARANORMAL PROJECT INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please show titles for officers/directors such as P, V, T, S, OR D. O is not an acceptable title.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 111A00015961



May 2, 2011

SHAWN D. HARDMAN AMERICAN PARANORMAL PROJECT₄INC 19556 SW 36 ST DUNNELLON, FL 34431

SUBJECT: AMERICAN PARANORMAL PROJECT INC.

Ref. Number: N09000010320

We have received your document for AMERICAN PARANORMAL PROJECT INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please show the name of your corporation above on page 1. Show titles of all officers and directors such as P, V, S, T, or D. MRS. is not an acceptable title.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 411A00010637



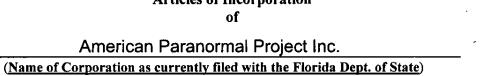


COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: American Para	normal Project Inc.	
DOCUMENT NUM	IBER: N09000010320		
The enclosed Article	s of Amendment and fee are subm	nitted for filing.	
Please return all corr	espondence concerning this matte	r to the following:	
		D. Hardman	
	(Name of C	Contact Person)	
	American Para	normal Project Inc.	
	(Firm/	Company)	***************************************
	19556 S	W 36 Street	
	. (Ac	ldress)	
	Dunnello	n, FL 34431	
	(City/ State	and Zip Code)	
	americanparand E-mail address: (to be used	ormal@yahoo.com for future annual report notificat	ion)
For further informati	on concerning this matter, please	call:	
Shawn D. Hardm	an	_{at (} 352 ₎ 454-0371	
(Name	of Contact Person).	at (352) 454-0371 (Area Code & Daytim	e Telephone Number)
Enclosed is a check f	or the following amount made pay	vable to the Florida Department	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)
Maiting Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	

Articles of Amendment to Articles of Incorporation of



N09000010320

(Document Number of Corporation (if known)

ne new name must be distinguishable a			corporated" or the
breviation "Corp." or "Inc." <u>"Compa</u>	ny" or "Co." may no	t be used in the name.	
B. Enter new principal office address, if ap Principal office address <u>MUST BE A STREA</u>		19556 SW 36 Str	eet
	<u>TREET ADDRESS</u>)	<u>Dunnellon, FL 34</u>	
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF			
		19556 SW 36 Stre	eet
		Dunnellon, FL 344	
(Mailing address <u>MAY BE A POST C</u>	OFFICE BOX) d/or registered office	Dunnellon, FL 344	1 31
Mailing address MAY BE A POST Of MAILING ADDRESS MAILING ADDRESS M	OFFICE BOX) d/or registered office registered office ad	Dunnellon, FL 344	1 31
(Mailing address MAY BE A POST Control of New Registered Agent:	OFFICE BOX) d/or registered office registered office ad	Dunnellon, FL 344 address in Florida, eddress:	1 31

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)

Type of Action Title <u>Name</u> Address S Debra Peck (Finance) 201 NW 53 Court ☐ Add Wendy Clackum (Finance) S Janice Langley 16688 SE 40 Avenue E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendmen	t(s) adoption: 1/9/2011
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
✓ The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_3/25	5/2011
Signature	Shann D. Hand
hav	the chairman or vice chairman of the board, president or other officer-if directors to not been selected, by an incorporator – if in the hands of a receiver, trustee, over court appointed fiduciary by that fiduciary)
	Shawn D. Hardman
·	(Typed or printed name of person signing)
	American Paranormal Project Inc. Incorporator
	(Title of person signing)

Page 3 of 3