## N 10000001335

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JUL 22-2010

**EXAMINER** 

## COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CO	orporation: Capita	al City Kingsmer	1, Inc.
DOCUMENT	NUMBER:		<del>-</del>
The enclosed A	Articles of Amendment and fee are	e submitted for filing.	
Please return a	Il correspondence concerning this	matter to the following:	
	Jennifer (Nam	Petersen ne of Contact Person)	
	Capital Ci	ty Kingsmen, I	inc
	2494-1 R	Inba Ct. (Address)	<del></del>
•	Tallahassee (City	L 32304-153 / State and Zip Code)	
	Capital city E-mail address: (to be	used for futher annual report notification	nail.com
For further inf	ormation concerning this matter, p	lease call:	
Jenni	Fer Petersen (Name of Contact Person)	at ( 727 ) 687 . (Area Code & Daytin	7710 nc Telephone Number)
<del>-</del>		ade payable to the Florida Department	
<b>∑∕\$</b> 35 Filing I	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 Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	r Circle

## Articles of Amendment to Articles of Incorporation of

(Name of Corporation as curre	ently filed with the Florida Dept. of S	State)
<u></u>	35	
(Document Nun	nber of Corporation (if known)	
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of Ir	Florida Statutes, this <i>Florida Not For</i> acorporation:	Profit Corporation adopts
A. If amending name, enter the new name of	f the corporation:	
The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" o	ontain the word "corporation" or "in r "Co." may not be used in the name	corporated" or the
B. Enter new principal office address, if app		
(Principal office address <u>MUST BE A STREE</u>	<u>TADDRESS</u> )	17A1
		上がた
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	CE BOX)	SSEE N
	TALLER HEREN CONT. 1945	E . # C
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
		7
D. If amending the registered agent and/or r new registered agent and/or the new regis		nter the name of the
	tereu ornee augress.	
Name of New Registered Agent:	<del></del>	<del></del>
New Registered Office Address:	(Florida street address)	•
		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changin	g Registered Agent:	
hereby accept the appointment as registered		ept the obligations of the
position.		

Signature of New Registered Agent, if changing
Page 1 of 3

## 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)

<u>Title</u>	Name	Address	Type of Action
			☐ Add ☐ Remove
			☐ Add ☐ Remove
-			Add Remove
attach addii	g or adding additional Articles, entotional sheets, if necessary). (Be spe	cific)	
	e III paragraph		
S	aid organization is	s organized exclus	ively for
	ble, religious, edu		
purposes	, including , for s tributions to organ	uch purposes, the	making
exempt	organizations u	nder the section	501(0)(3)
	Internal Revenu		
section	of any future	Federal tax code	?
•			
			·
•		•	

The date of each amendment(s) adoption: 7 - 12 - 10
Effective date if applicable: $7 - 22$ (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 7-12-10
<del>-</del>
Signature ()
(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, o other court appointed fiduciary by that fiduciary)
Jennifer Petersen
(Typed or printed name of person signing)
<u>President</u>
(Title of person signing)

Page 3 of 3