

N100000007920

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Amend

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 08 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Preferred Referrals Networking, Inc.

DOCUMENT NUMBER: N18000007920

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

Please return all correspondence concerning this matter to the following:

Edna L. Dunston
(Name of Contact Person)

Preferred Referrals Networking, Inc.
(Firm/ Company)

2209 Collier Parkway #111
(Address)

Land O Lakes FL 34639
(City/ State and Zip Code)

Referrals@verizon.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Edna L. Dunston at (813) 785-3177
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable 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)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
10 DEC -7 PM 12:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Preferred Referrals Marketing, Inc
(Name of Corporation as currently filed with the Florida Department of State)

N10000007920

(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:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2209 Collier Parkway
Suite 111
Land O' Lakes, FL 34639

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2209 Collier Parkway
Suite 111
Land O' Lakes, FL 34639

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

New Registered Office Address:

_____ (Florida street address)

_____ (City)

_____, Florida

_____ (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP/T	Desiree L Stewart	3632 Land O' Lake Blvd Land O Lakes, FL 34639	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
Sec	Diana Long	Same	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(Attach additional sheets, if necessary)

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

[illegible]

The date of each amendment(s) adoption: 12/2/10
(date of adoption is required)

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(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 12/2/10

Signature Edna L Dunston
(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)

Edna L Dunston
(Typed or printed name of person signing)

Founder & President
(Title of person signing)