

711000002226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

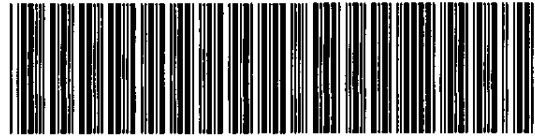
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/12--01006--014 **52.50

FILED
12 MAR -6 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MC

Amend.
3/6/12
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2012

DONNA O MENDEZ
721 DUDLEY AVE S
LEHIGH ACRES, FL 33974

SUBJECT: KELTYS' SOCIAL CIRCLE INC.
Ref. Number: N11000002226

We have received your document for KELTYS' SOCIAL CIRCLE 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):

On your Articles of Amendment you have that you want to change the address of and officer. Please state which officer you are wanting to change the address for.

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) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 212A00007688

RECEIVED

12 MAR -6 AM 9:14

REGULATORY DIVISION
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Keltys' Social Circle Inc.

DOCUMENT NUMBER: N11000002226

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

Please return all correspondence concerning this matter to the following:

Donna O. Mendez

(Name of Contact Person)

The Social Circle Inc.

(Firm/ Company)

721 Dudley Ave S.

(Address)

Lehigh Acres, FL 33974

(City/ State and Zip Code)

mendez donna @ ymail . com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donna O. Mendez

(Name of Contact Person)

at (305) 834-0583

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & | <input type="checkbox"/> \$43.75 Filing Fee & | <input checked="" type="checkbox"/> \$52.50 Filing Fee |
| Certificate of Status | Certified Copy | Certificate of Status | Certified Copy |
| | (Additional copy is | (Additional Copy is | |
| | enclosed) | 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

Keltys' Social Circle Inc.

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

N11000002276

(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 Social Circle Inc.

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**)

721 Dudley Ave S.

Lehigh Acres, FL.

33974

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

721 Dudley Ave S.

Lehigh Acres, FL.

33974

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:

Donna Mendez

721 Dudley Ave S.

(Florida street address)

New Registered Office Address:

Lehigh Acres

(City)

Florida

33974

(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.

Donna Mendez
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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P</u>	<u>Donna^{O.} Mendez</u>	<u>721 Dudley Ave S.</u> <u>Lenigh Acres, Fl.</u> <u>33974</u>
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	_____	_____	_____ _____ _____
6) <input type="checkbox"/> Change <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)

N/A

The date of each amendment(s) adoption: 1/25/12

Effective date if applicable: 1/25/12
(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 3/1/12

Signature Donna O. Mendez
(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)

Donna O. Mendez
(Typed or printed name of person signing)

President
(Title of person signing)