

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

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RECOVERY MATTERS, INC.

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TALLAHASSEE, FLORIDA

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8/26/11

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: RECOVERY MATTERS, INC.

DOCUMENT NUMBER: N11000004582

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

Please return all correspondence concerning this matter to the following:

Barbara Dang
(Name of Contact Person)

Legalzoom.com, Inc.
(Firm/ Company)

100 W. Broadway Suite 100
(Address)

Glendale, CA 91210
(City/ State and Zip Code)

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

For further information concerning this matter, please call:

Barbara Dang at (323) 862-8600 x7950
(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:

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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

FILED 3/8

2011 AUG 26 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

RECOVERY MATTERS, INC.

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

N11000004582

(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)

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>SD</u>	<u>SYBILLE MILLER</u>	<u>3694 STATE HWY 20 EAST</u> <u>FREEPORT FL 32439</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TD</u>	<u>MENDELENE BROUSSARD</u>	<u>388 BAYOU CIRCLE</u> <u>FREEPORT FL 32439</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>TD</u>	<u>Marilyn Stevenson</u>	<u>1 Houghton Lane</u> <u>Santa Rosa Beach, FL 32459</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

[illegible]

Attachment
Articles of Amendment to the
Articles of Incorporation
Entity name: RECOVERY MATTERS, INC.
Document Number N11000004582

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:

Title	Name	Address	Type of Action
S,D	Kathy Apell	352 E. Bayou Forest Drive, Freeport, FL 32439	Add

The date of each amendment(s) adoption: 8/18/2011

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

8/19/11

Signature

John R. Broussard

(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)

JOHN R BROUSSARD

(Typed or printed name of person signing)

President

(Title of person signing)