# N/1000007990

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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SECURIARY OF STATE

MAY 25 2012 T. ROBERTS



### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2012

ASPHASIE D. PIERRE 6941 NW 46TH COURT LAUDERHILL, FL 33319

SUBJECT: ASEBED, CORP. Ref. Number: N11000007990

We have received your document for ASEBED, CORP. 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.

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Tina Roberts
Regulatory Specialist II

Letter Number: 712A00014777

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations NAME OF CORPORATION: ASEBED, CORP. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: ASPHASIE D. PIERRE Name of Contact Person Firm/Company 6941 NW 46th COURT Address LAUDERHILL FL 333319 City/ State and Zip Code amospierre@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at  $(\frac{954}{\text{Area Code & Daytime Telephone Number}})$ ASPHASIE D. PIERRE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ☐ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation

of

#### ASEBED, CORP.

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

V 1100007990

FILED
2012 MAY 25 PM 3: 20
TALLAHASSEE, FLORIDA

(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:

Enter new principal office address, if applicable: rincipal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  N/A  (Florida street oddress)  WRegistered Office Address:  N/A  (City)  (Zip Code)  Ew Registered Agent's Signature, if changing Registered Agent: the reby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.		N/A	The
Enter new principal office address, if applicable:  Principal office address MUST BE A STREET ADDRESS    Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  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:  N/A  Name of New Registered Agent:  (Florida street address)  (Florida street address)  (City)  (Zip Code)  We Registered Agent's Signature, if changing Registered Agent:			orporated" or the abbreviation "Corp." or "i
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  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:  (Florida street oddress)  (Florida street oddress)  ew Registered Office Address:  N/A  (City)  (Zip Code)  ew Registered Agent's Signature, if changing Registered Agent:			N/A
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:  N/A  (Florida street address)  ew Registered Office Address:  N/A  (City)  (Zip Code)  ww Registered Agent:s Signature, if changing Registered Agent:			
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:  N/A  (Florida street address)  WRegistered Office Address:  N/A  (City)  (Zip Code)  W Registered Agent:			
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:  (Florida street address)  W Registered Office Address:  N/A  (City)  Registered Agent's Signature, if changing Registered Agent:			N/A
Name of New Registered Agent:  Name of New Registered Agent:  WRegistered Office Address:  N/A  (Florida street address)  W Registered Office Address:  (City)  (Zip Code)  W Registered Agent's Signature, if changing Registered Agent:	(Mauing adaress MAT BE A I	USI OFFICE BOX)	
Name of New Registered Agent:  New Registered Office Address:  N/A  (Florida street address)  W Registered Office Address:  N/A  (City)  (City)  (Zip Code)  W Registered Agent:			
Name of New Registered Agent:  Name of New Registered Agent:  (Florida street address)  W Registered Office Address:  N/A  (City)  (Registered Agent's Signature, if changing Registered Agent:	If amanding the registered ag	ent and/or registered office address in	Florida, enter the name of the
Name of New Registered Agent:  (Florida street address)  W Registered Office Address:  N/A  (City)  (Zip Code)  W Registered Agent's Signature, if changing Registered Agent:			
W Registered Office Address:  N/A  Florida  (City)  (Zip Code)  W Registered Agent's Signature, if changing Registered Agent:	Name of New Registered A	1gent: N/A	
N/A Florida (City) (Zip Code)  ** Registered Agent's Signature, if changing Registered Agent:			
(City) (Zip Code)  w Registered Agent's Signature, if changing Registered Agent:	Province of Office Address	(Florida street o	address)
	w Registered Office Address:	•	·
	w Registered Office Address:	N/A	Florida
		N/A	, Florida
	ew Registered Agent's Signatur	N/A (City) re, if changing Registered Agent:	, Florida (Zip Code)

Page 1 of 4

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: XChange	<u>PT</u> <u>Jo</u>	hn Doe			
X Remove	<u>V</u> <u>M</u>	ike Jones			
X Add	<u>SV</u> <u>Sa</u>	<u>Ily Smith</u>			
Type of Action (Check One)	<u>Title</u>	<u>Name</u>		Address	
I) N/A Change N/A Add N/A Remove		N/A		N/A	
2) Change Add Remove		N/A	- <u>-</u>		
3 ) Change Add Remove	<del></del>	N/A			
4) Change Add Remove		N/A			
5) Change Add Remove	THE TAXABLE PARTY.	N/A			
6) Change Add Remove		NIA			

The	date of each amendmen	t(s) adoption: <u>U4</u>	1/2//2012	
E.ffa	ective date i <u>f applicable:</u>	04/30/2012	2	
		(no mo	ore than 90 days af	fter amendment file date)
Ada	option of Amendment(s)	( <u>CHE</u>	ECK ONE)	
	The amendment(s) was/w was/were sufficient for ap		members and the n	number of votes cast for the amendment(s)
	There are no members or adopted by the board of a		o vote on the amen	idment(s). The amendment(s) was/were
	Dated	APRIL 27	,2012	
	Signature	Heliasie	Purre	
	(By the have r	e dhairman or vice c	y an incorporator –	ard, president or other officer-if directors - if in the hands of a receiver, trustee, or ciary)
		ASPHA	SIE D. PIE	RRE
		(Typed or pri	inted name of perso	on signing)
		SEC	RETARY	
		(Title of per	rson signing)	