

N14000003538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

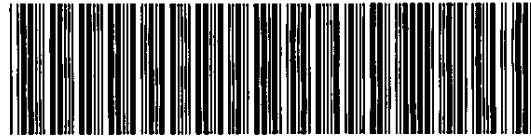
(Business Entity Name)

(Document Number)

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05/19/14--01046--006 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JUN 13 PM 3:45

Amend

JUN 17 2014
T. CARTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2014

Jones

VIRGINIA REBECCA ~~TONES~~ MENZIES
STEPTEAU INC
8550 ARGYLE BUSINESS LOOP UNIT 1706
JACKSONVILLE, FL 32244 US

SUBJECT: STEPTEAU INCORPORATED
Ref. Number: N14000003538

We have received your document for STEPTEAU INCORPORATED and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

It is unclear what your intentions are for the officers/directors listed on page 2. You must list only one action, title, name and address per number.

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 D Carter
Regulatory Specialist

Letter Number: 914A00011780

RECEIVED

14 JUN 13 PM 1:00

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: StepLEAU Incorporated

DOCUMENT NUMBER: N14000003538

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

Please return all correspondence concerning this matter to the following:

Virginia Rebecca Jones Menzies
(Name of Contact Person)

StepLEAU INC
(Firm/ Company)

8550 Argyle BUSINESS Loop Unit 1706
(Address)

JACKSONVILLE, FL 32244
(City/ State and Zip Code)

MS. JONES1961@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Virginia R Jones Menzies at (423) 5343705
(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:

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

14 JUN 13 PM 3:45

Steteau Incorporated

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

114000003538

(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: _____

(Florida street address)

New Registered Office Address:

_____, Florida _____
(City) (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

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.

<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>	Sally Smith

Address

1) <input type="checkbox"/> Change	<u>TD</u>	<u>April R Grubb</u>	<u>8550 Argyle Business Loop</u>
<input type="checkbox"/> Add			<u>Unit 1706</u>
<input checked="" type="checkbox"/> Remove			<u>Jacksonville, FL 32244</u>

2) <u>Change</u>	<u>TD</u>	<u>Alisa Coleman</u>	<u>5885 Edenfield Road</u>
<u>X</u> Add			<u>C-15</u>
Remove			<u>Jacksonville, FL 32277</u>

3) <input type="checkbox"/> Change	<u>S</u>	<u>Cindy Morrison</u>	<u>225 Southern Place Circle</u>
<input type="checkbox"/> Add			<u>#104</u>
<input checked="" type="checkbox"/> Remove			<u>Winter Garden, FL 34787</u>

4) <u>Change</u>	<u>VP</u>	<u>Willicia Morris</u>	<u>15635 Spotten Saddle Circle</u>
<u>X</u> Add			<u>Jacksonville, FL 32277</u>
<u>Remove</u>			

5) <input type="checkbox"/> Change	<u>D</u>	<u>Harold M. Whitten</u>	<u>8550 Argyle Business Loop</u>
<input type="checkbox"/> Add			<u>Unit 1706</u>
<input checked="" type="checkbox"/> Remove			<u>Jacksonville, FL 32244</u>

6) _____ Change _____
 _____ Add _____
 Remove _____

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

PLEASE Add the EIN 46-5427073

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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 5/14/14

Signature VRMca Menzies

(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)

VIRGINIA REBECCA JAMES MENZIES
(Typed or printed name of person signing)

OWNER - REGISTERED AGENT
(Title of person signing)