

N45512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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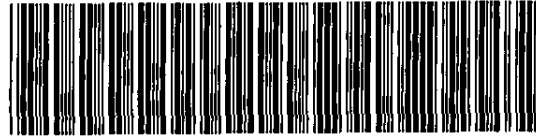
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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4-27-07
*Central

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: No Abuse Inc.

DOCUMENT NUMBER: N45512

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

Please return all correspondence concerning this matter to the following:

Paula Basil
(Name of Contact Person)

No Abuse INC.
(Firm/ Company)

550 N. Bonby Ave. Suite 105
(Address)

Orl. FL. 32803
(City/ State and Zip Code)

For further information concerning this matter, please call:

Paula Basil at (407) 228-9503
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$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

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TALLAHASSEE, FLORIDA

N 45512

A No Abuse Program Inc.

(Attach additional pages if necessary)
(continued)

The date of adoption of the amendment(s) was: 4/1/07

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 was sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment. The amendment(s) was (were) adopted by the board of directors.

Signature Paula Basil
(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.)

Paula Basil
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35