## N95000004034

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SECRETARY OF STATE DIVISION OF CORPORATIONS

TROBERS JUL 2 1 2009

## **COVER LETTER**

INC

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: WEST ORA	NGE	BRIDAL	ASSOCIATION,
DOCUMENT NUMBER: N950000	4034		
The enclosed Articles of Amendment and fee are submit	tted for filing	<b>J.</b>	
Please return all correspondence concerning this matter	to the follow	ing:	
THERESA JON (Name of Co	ES ontact Person	)	<del></del>
WEST ORANGE (Firm/C			
17721 DEER (Add	ISLE iress)	CIRCA	KE
WINTER GARDE (City/ State a	N F	34	787
CMTTONES @ A E-mail address: (to be used for	OL, Co	OM ual report notifica	ation)
For further information concerning this matter, please ca	all:		
(Name of Contact Person)	_ at ( <u>40</u> (An	7 <u>656</u> ea Code & Daytin	6-48/7 ne Telephone Number)
Enclosed is a check for the following amount made pays	able to the Fl	orida Department	t of State:
\$35 Filing Fee	S43.75 F Certified C (Additional enclosed)	ору	□ \$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	Am Div Cli	eet Address endment Section rision of Corporation fton Building	ons

Tallahassee, FL 32301

	icles of Amendr to les of Incorpor	SECRETARY OF	STATE PRATIDALS	
WEST ORANGE	of . BRIDAL	09 JUL 16 PM	12: 19 /NC	
(Name of Corporation as curre	ntly filed with th	ne Florida Dept. of Sta	<u>(e)</u>	
N 95 00000 40	34			
	ber of Corporation	on (if known)		
Pursuant to the provisions of section 617.1006, the following amendment(s) to its Articles of In		this <i>Florida Not For Pr</i>	ofit Corporation adopts	
A. If amending name, enter the new name of	the corporation	<u>:</u>		
CENTRAL FLORIS  The new name must be distinguishable and coabbreviation "Corp." or "Inc." "Company" of	ontain the word	"corporation" or "inco	CIATION, IN	$\subset$
B. Enter new principal office address, if app (Principal office address MUST BE A STREE		N/A		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		N/A		
D. If amending the registered agent and/or registered agent and/or the new registered agent and/or the new registered Agent:			er the name of the	
New Registered Office Address:	(Floria	la street address)	_	
		((3.4.)	, Florida	
		(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered position.			t the obligations of the	
<u></u> s	lignature of New 1	Registered Agent, if cha	nging	

Page 1 of 3

		, enter the title and name of each offi ach Officer and/or Director being ad	
	itional sheets, if necessary)	west Camery water of Private Poline and	N/A
Title	Name	<u>Address</u>	Type of Action
		-	
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	ling or adding additional Artic		
(anach ad	dditional sheets, if necessary).		
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The date of each amendment(s) adoption:
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.
Signature  (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)
THERESA TONES (Typed or printed name of person signing)
TREASURER - REGISTERED AGENT (Title of person signing)

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