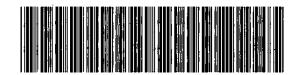
# N99000004379

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2009

John F. Beehner Wise Council 3701 San Jose Place, Ste 1 Jacksonville, FL 32257

SUBJECT: THE BELIEVERS USA, INC.

Ref. Number: N9900004379

We have received your document for THE BELIEVERS USA, INC. 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The above listed entity was administratively dissolved, or its certificate of authority was revoked, for failure to file its 2009 annual report in a timely manner. To reinstate the entity, you must file the reinstatement, and pay the appropriate fees, online at the Division of Corporations' website, www.sunbiz.org. Please look for Reinstatement filing in the "E-Filing Services" or "Electronic Filing" menu. There may also be a "blue box" on the Sunbiz homepage entitled "File A Reinstatement Here". You will have the option to pay by credit/debit card; or by check or money order.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 709A00033759

#### **COVER LETTER**

1.34

**TO:** Amendment Section Division of Corporations

NAME OF CORI	PORATION: The Bel	lievers USA	Inc
DOCUMENT NU	MBER:		
The enclosed Artic	eles of Amendment and fee are subn	nitted for filing.	
Please return ali co	orrespondence concerning this matte	r to the following:	
	John F. Be	Contact Person)	
_	Wise Cou	NSE Company)	
	3701 San Ja	ose Place, St	e.
	Jacksonvil (City/State	le FL 3225 and Zip Code)	7
	E-mail address: (to be used	se counselon for future annual report not	line, com
For further information	ation concerning this matter, please	call:	
John (Nai	Beehnen me of Contact Person)	at ( <u>904</u> ) <u>33</u> (Area Code & Da	32-0425 sytime Telephone Number)
	k for the following amount made pa		
\$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)
Ar Di P.	ailing Address nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	Street Address Amendment Section Division of Corpo Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

### **Articles of Amendment Articles of Incorporation**

	FIL
2009 NO	FILED
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tate)	EE FLORIE

	~ of ·	ALLANTARY MIZ
The Believe	ers USA Inc.	
(Name of Corporation as cu	irrently filed with the Florida I	Dept. of State)
(Document N	Number of Corporation (if known	1)

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:

the following amendment(s) to its Afficies of Incorporation.
A. If amending name, enter the new name of the corporation:
Wise Counsel Partners, Inc.  The new name must be distinguishable and contain the word "corporation" or "incorporated" or the
The new name must be distinguishable and contain the word "corporation" or "incorporated" or the
abbreviation "Corp." or "Inc." <u>"Company" or "Co." may not be used in the name</u> .
B. Enter new principal office address, if applicable: 3721 = San Jose Place
(Principal office address <u>MUST BE A STREET ADDRESS</u> )  Ste 1
Jacksonville, FL 32257
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  50me
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)
New Registered Office Address: (r'Ivrida street address)
Jacksonville, Florida \$132257 (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

## 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)

<u>Title</u>	Name	Address	Type of Action
	No Change		
	- <del></del>		
			Add Remove
E. If ame (attach	nding or adding additional Articles, enter additional sheets, if necessary). (Be spec	r change(s) here:	
		• •	
·			
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The date of each amendment(	
Effective date <u>if applicable</u> :	(date of adoption is required)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were was/were sufficient for appro	adopted by the members and the number of votes cast for the amendment(s) val.
There are no members or m adopted by the board of dire	embers entitled to vote on the amendment(s). The amendment(s) was/were ctors.
Dated	10/19/2009 De 23eene
have	ne chairman or vice chairman of the board, president or other officer-if directors not been selected, by an incorporator – if in the hands of a receiver, trustee, or court appointed fiduciary by that fiduciary)
	John F. Beehner (Typed or printed name of person signing)
	President (Title of person signing)

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