

P00000083674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

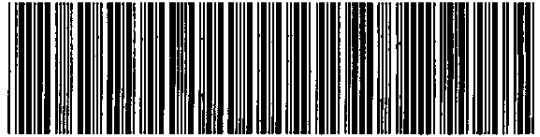
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300162692813

11/19/09--01012--021 **35.00

RECEIVED
NOV 19 PM 1:51
FILING OFFICE
TALLAHASSEE, FLORIDA

Amend
C.COULLIETTE

NOV 23 2009

EXAMINER

Garber, Hooley & Holloway, LLP

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

700 ELEVENTH STREET SOUTH

SUITE 202

NAPLES, FLORIDA 34102

PHONE. (239) 774-1400 • FAX. (239) 774-6687

DAVID F. GARBER, ESQ.
BOARD CERTIFIED CIVIL TRIAL LAW
ADMITTED IN FL & VA

JOHN F. HOOLEY, ESQ.
BOARD CERTIFIED CIVIL TRIAL LAW
BOARD CERTIFIED BUSINESS LITIGATION

JOHN HOLLOWAY, ESQ.

November 17, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: *Amendment application for A.B.B. of Southwest Florida, Inc.*


Dear Sir or Madam:

Enclosed for filing please find the following documents in regard to the above-referenced matter:

1. *Cover Letter and Amended Application for A.B.B. of Southwest Florida, Inc.; and*
2. *Check number 9526 in the amount of \$35.00 representing the filing fee.*

Should you have any questions regarding the documents enclosed, please do not hesitate to contact our office. Thank you for your assistance.

Sincerely,


Angela M. Hernandez
Paralegal to John F. Hooley

/amh

Enclosures

cc: Nick Chintakis

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A.B.B. OF SOUTHWEST FLORIDA, INC.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

JOHN F. HOOLEY

Name of Contact Person

GARBER, HOOLEY & HOLLOWAY, LLP

Firm/ Company

700 ELEVENTH STREET SOUTH, SUITE 202

Address

NAPLES, FLORIDA 34102

City/ State and Zip Code

jhooley@naplesatty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN F. HOOLEY

Name of Contact Person

at (239) 774-1400

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$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

Articles of Amendment
to
Articles of Incorporation
of

A.B.B. OF SOUTHWEST FLORIDA, INC.

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

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new

name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

N/A

*(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:

N/A

New Registered Office Address:

(Florida street address)

(City)

*_____, Florida
(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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

AMEND FROM 10,000 AUTHORIZED SHARES TO 20,000 AUTHORIZED SHARES

The date of each amendment(s) adoption: 11/17/09
(date of adoption is required)

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 shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated November 17, 2009

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

JOHN F. HOOLEY

(Typed or printed name of person signing)

SECRETARY

(Title of person signing)