P10000029157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/04/08--01030--003 **52.50

FILED
2008 DEC -4 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AOR
12/9/08

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**SUBJECT:** ALL PROFESSIONAL SERVICES, INC

**DOCUMENT NUMBER:** P01000029157

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

Please return all correspondence concerning this matter to the following:

EDWARD RENNA
(Name of Contact Person)

ALL PROFESSIONAL SERVICES, INC.
(Firm/Company)

1881 SE AIRES LANE
(Address)

PORT SAINT LUCIE, FL 34984
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD RENNA at (772) 370-9603
(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

# ARTICLES OF DISSOLUTION

FILED
2008 DEC -4 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

ALL PROFESSIONAL SERVICES, INC.

SECOND: The document number of the corporation (if known): P01000029157

THIRD: The date dissolution was authorized: 11/21/08

Effective date of dissolution if applicable: 12/1/08
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

_____
(voting group)

Signature: Edward Renna
(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)

EDWARD RENNA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

**Filing Fee: $35**

N06000006362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

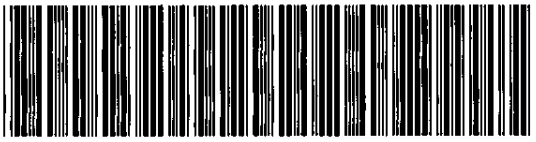
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
08 DEC 10 AM 9:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
08 DEC 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/10/08

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** The Artists Guild of Northwest Florida, Inc.

**DOCUMENT NUMBER:** N06000006362

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

Please return all correspondence concerning this matter to the following:

Judy D. Brooten
(Name of Contact Person)

The Artists Guild of Northwe
(Firm/ Company)

The Oxbow (R) Ranch
(Address)

Bascom, Florida 32423
(City/ State and Zip Code)

For further information concerning this matter, please call:

Judy D. Brooten at ( 850 ) 569-5881
(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:

☐ $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**

FILED
08 DEC 10 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Artists Guild of Northwest Florida, Inc.
**(Name of Corporation as currently filed with the Florida Dept. of State)**

N06000006362
(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)***

Post Office Box 1605
Marianna, Florida 32447

**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)*

*(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)*

| Title | Name | Address | Type of Action |
|---|---|---|---|
| _____ | _____ | _____ | ☐ Add ☐ Remove |
| _____ | _____ | _____ | ☐ Add ☐ Remove |
| _____ | _____ | _____ | ☐ Add ☐ Remove |

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

Article Four, Purposes, D. Said organization is organized exclusively for Charitable, educational and scientific purposes, including for such purposes the making of distributions to organizations that qualify as exempt organizations under section 501 (c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code.

**The date of each amendment(s) adoption:** December 8, 2008

**Effective date if applicable:** December 8, 2008
*(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 December 8, 2008

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)

Michele Tabor Kimborough
(Typed or printed name of person signing)

President
(Title of person signing)