# P0200017646

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: Jasper Service	es, Inc	
DOCUMENT NUMBER: P02000047646		
The enclosed Articles of Amendment and fee are	submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Ann Arsenault		
(Name of	Contact Person)	
Clear To Close Processing In	С	
(Firm,	/ Company)	
1142 Nashville Drive		
. (A	Address)	
Wesley Chapel, FL 33544		
	e and Zip Code)	
For further information concerning this matter, pl	ease can:	
Ann Arsenault at ( 813 ) 300-6213		
(Name of Contact Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:		
□\$35 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 Cir	rcle

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 7, 2008

ANN ARSENAULT 1142 NASHVILLE DR WESLEY CHAPEL, FL 33544

SUBJECT: JASPER SERVICES, INC.

Ref. Number: P02000047646

We have received your document for JASPER SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6927.

Tracy Smith **Document Specialist** 

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Letter Number: 808A00008203

I REMOVED THE WORD PROCESSING.

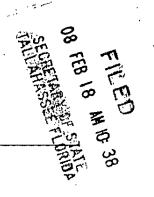
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RECEIVED

### Articles of Amendment to Articles of Incorporation of



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



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(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:

# NEW CORPORATE NAME (if changing):

AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s)
and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
(Attach additional pages if necessary)
If an amendment provides for 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

(continued)

The date of each amendment(s) adoption: 2/1/08
Effective date if applicable:
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were approved 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.
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)
Ann Arsenault
(Typed or printed name of person signing)
PSTD
(Title of person signing)

FILING FEE: \$35