(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



800102061028

05/10/07--01030--020 \*\*43.75

## **COVER LETTER**

• TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Joanne M.	. Farmer, Inc.	
DOCUMENT NUMBER: P03000044177		
The enclosed Articles of Amendment and fee	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Joanne M. Farmer		
(Nan	ne of Contact Person)	
Joanne M. Farmer, Inc.		
	(Firm/ Company)	
3605 Lex CT.		O7 H
	(Address)	MAY 10 CRETAR LAHASS
Port Orange, Florida 32129		O PH
(City	// State and Zip Code)	STAI
For further information concerning this matter	er, please call:	10
Joanne M. Farmer	at ( 386 ) 761-4419	
(Name of Contact Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check for the following amoun	t:	
□\$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

OT MAY 10 PM 3: 10

TALLAHASSEE. FLORIDA

Joanne M. Lomascolo, Inc.

P03000044177

(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 <i>Florida Profit Corporation</i> adopts the following amendment(s) to its Articles of Incorporation:
NEW CORPORATE NAME (if changing):
JOANNE M. FARMER, INC.
(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.") (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)
Due to divorce, please change the name and address of the following:
Principal address to: 3605 Lex CT., Port Orange, FL 32129
Mailing address to: 3605 Lex CT., Port Orange, FL 32129
Registered agent: Joanne M. Farmer, 3605 Lex CT., Port Orange, FL 32129
Officer/Director: President, Joanne M. Farmer, 3605 Lex CT, Port Orange, FL 32129
(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)
N/A

(continued)

The date of each amendment(s) adoption: Immediately
Effective date if applicable: Immediately
(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 fo 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 as shareholder action was not required.
Signature ————————————————————————————————————
Joanne M. Farmer  (Typed or printed name of person signing)
President
(Title of person signing)

FILING FEE: \$35