

PO4000009875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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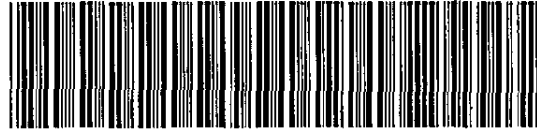
(Business Entity Name)

(Document Number)

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05 NOV -2 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

NOV 1 2005

24

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** SUPERIOR CARPET CLEANING AND COMPLETE RESTORATION SERVICES, INC.

**DOCUMENT NUMBER:** P04000009875

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

Please return all correspondence concerning this matter to the following:

BRIAN MCCOMAS

(Name of Contact Person)

SUPERIOR SERVICES, INC.

(Firm/ Company)

5854 HIGH RIDGE LOOP

(Address)

LAKELAND, FL. 33813

(City/ State and Zip Code)

For further information concerning this matter, please call:

BRIAN MCCOMAS

(Name of Contact Person)

at ( 863 ) 644-2601

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 28, 2005

BRIAN MCCOMAS  
5854 HIGH RIDGE LOOP  
LAKELAND, FL 33813

SUBJECT: SUPERIOR CARPET CLEANING AND COMPLETE RESTORATION  
SERVICES INC.  
Ref. Number: P04000009875

We have received your document for SUPERIOR CARPET CLEANING AND COMPLETE RESTORATION 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**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

Letter Number: 005A00065314

RECEIVED  
05 NOV -2 AM 8:00  
DIVISION OF CORPORATIONS

FILED  
05 NOV -2 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
ES, INC.

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

(Document number of corporation (if known))

**NEW CORPORATE NAME (if changing):**

(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.")

[illegible]

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(continued)

The date of each amendment(s) adoption: 10/26/05

Effective date if applicable: 10/26/05  
(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

Brian McComas, President

(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)

BRIAN MCCOMAS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE: \$35**