

PD400011092

(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



500159680555

01/06/10--01012--027 **5.00

08/20/09--01007--007 **30.00

reject

FILED
10 JAN -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
Theuris
1-7-10*

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CIN White Glove Cleaning Svc

DOCUMENT NUMBER: P04000111092

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

Please return all correspondence concerning this matter to the following:

Claudia Henry
Name of Contact Person

CIN White Glove Cleaning Service, Inc
Firm/ Company

3279 Fawnwood Drive
Address

Olce, FL 34761
City/ State and Zip Code

Cjnwhiteglove@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Henry at (407) 230-8559
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:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$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
Division of Corporations

November 20, 2009

CJN WHITE GLOVE CLEANING SERVICES INC.
3279 FAWNWOOD DRIVE
OCOOE, FL 34761

SUBJECT: CJN WHITE GLOVE CLEANING SERVICES INC.
Ref. Number: P04000111092

We have received your document for CJN WHITE GLOVE CLEANING SERVICES INC.; however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please complete the cover letter.

The date of adoption of each amendment must be included in the document.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 809A00036162



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2009

CLAUDIA HENRY
CJN WHITE GLOVE CLEANING SERVICES INC.
3279 FAWNWOOD DR
OCOE, FL 34761

SUBJECT: CJN WHITE GLOVE CLEANING SERVICES INC.
Ref. Number: P04000111092

We have received your document for CJN WHITE GLOVE CLEANING SERVICES INC. and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

The designation of the registered agent must be at a Florida street address.

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

You will need to check one of the boxes on the last page of the form to indicate the manner of adoption.

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) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 909A00028361

Articles of Amendment
to
Articles of Incorporation
of

CIN White Glove Cleaning Service Inc.

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

P04000111092

(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. ~~From the date of filing, enter the new name of the corporation:~~

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

~~From the date of filing, enter the new registered office address, if applicable:~~

~~(Registered office address **MUST BE A STREET ADDRESS**)~~

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

D. ~~Regarding the registered agent and/or registered office address in Florida, enter the name of the~~

~~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 Signature. If changing Registered Agent:~~

~~I hereby~~ _____ appointment as registered agent. I am familiar with and accept the obligations of the position.

~~Signature of New Registered Agent, if changing~~

FILED
10 JAN -4 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
V.P.	Marlen Clarke	3279 Fawnwood Dr Ocoee, FL 34761	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

If additional Articles, enter change(s) here:
 (Be specific)

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)

The date of each amendment(s) adoption: 11/8/09

(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

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder

Dated 11/8/09

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)

Claudia Henry

(Typed or printed name of person signing)

President

(Title of person signing)