

P04000114778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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(Business Entity Name)

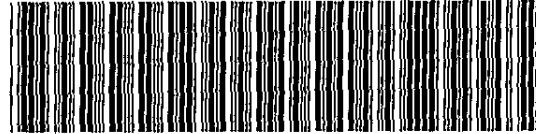
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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NATHAN MULLINS, INC

**DOCUMENT NUMBER:** P04000114778

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

Please return all correspondence concerning this matter to the following:

Keli Swearingen  
(Name of Contact Person)

FLORIDA UNITED BUSINESS SERVICES  
(Firm/ Company)

116 S. MONROE STREET  
(Address)

TALLAHASSEE, FL 32303  
(City/ State/ and Zip Code)

For further information concerning this matter, please call:

Keli Swearingen at 510-2072  
(Name of Contact Person) (Area Code & Daytime Telephone Number)  
850 861-6265

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
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☐ \$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  
409 E. Gaines Street  
Tallahassee, FL 32399

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** NATHAN MILLINS, INC

**DOCUMENT NUMBER:** P04000114778

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Please return all correspondence concerning this matter to the following:

Keli Swearingen  
(Name of Contact Person)

Florida United Business Services  
(Firm/ Company)

116 N. Monroe Street  
(Address)

Tallahassee, FL 32303  
(City/ State/ and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Keli Swearingen at 850 681-6265  
(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)

w/ Cheryl

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Amendment Section  
Division of Corporations  
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Tallahassee, FL 32314

**Street Address**  
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Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 5, 2004

KELI SWEARINGEN  
FLORIDA UNITED BUSINESS SERVICES  
116 S. MONROE ST.  
TALLAHASSEE, FL

SUBJECT: NATHAN MILLINS, INC  
Ref. Number: P04000114778

We have received your document for NATHAN MILLINS, INC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is the incorrect way to amend the corporate articles to make the changes you are wishing to make. I am attaching the form we have for you to file an amendment pursuant to the 607 Florida statutes.

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  
Document Specialist

Letter Number: 404A00057767

Articles of Amendment  
to  
Articles of Incorporation  
of

NATHAN MULLINS, INC

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

P04000114778

(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):**

NATHAN MULLINS, 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: OCT. 7, 2004

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.

Signed this 7 day of October, 2004.

Signature Nathan Mullins / Keli Swearingen  
(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)

Nathan Mullins / Keli Swearingen  
(Typed or printed name of person signing)

President / Appointed Contact  
(Title of person signing)

FILING FEE: \$35