# P04000116376

. (Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



900145877129

03/26/09--01018--019 \*\*35.00

2009 APR -6 AM 8: 13
SECRETARY OF STATE
JALLAHASSEE, FLORIDA

Amen 4/7/09

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	1. /ne.	
DOCUMENT NUMBER: PO4 000 116	6376	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Hilen Sanders (Name of Co	5	
(Name of Co	ontact Person)	
J. S. H. /	Inc	
37243 Covington	RD	
(Ad	dress)	<u> </u>
Dade City, 7L (City/State	33525 and Zip Code)	
For further information concerning this matter, ple	ase call:	
Helen No Sanders (Name of Contact Person)	at ( <u>352</u> ) <u>5/8-0</u> (Area Code & Daytime Tele	1285 phone Number)
Enclosed is a check for the following amount made	e payable to the Florida Departm	nent of State:
\$35 Filing Fee \$Certificate of Status	S43.75 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 Division of Corporations

March 30, 2009

HELEN SANDERS F.S.H., INC. 37243 COVINGTON RD DADE CITY, FL 33525

SUBJECT: F.S.H., INC.

Ref. Number: P04000116376

We have received your document for F.S.H., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 709A00010649

Ne Trush,

9 do not see any defforme in

the form except last page,

3 of 3.

3 hope this is better job done

Other for you.

The bundle

#### Articles of Amendment to Articles of Incorporation of

2000	£// .
ZOOG A	19 50
`AAJASS	87 A4 8. 13
of State)	PR-6 AM 8: 13 EE. FLORIDA

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 *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

	A.	If amending	name,	enter 1	the new	name of t	he corporation
--	----	-------------	-------	---------	---------	-----------	----------------

The new name must be distinguishable an "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.," or the designation	"Corp," "Inc," or
B. Enter new principal office address, if appl (Principal office address MUST BE A STREET		
(Frincipul office unuress <u>MOST BE A STREET</u>		
	· .	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		
D. If a manyling the registered agent and/or we	existered office address in Florida o	ntou the name of the
D. If amending the registered agent and/or renew registered agent and/or the new regis		nter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
_		, Florida
	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

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

Signature of New Registered Agent, if changing

## 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>	Name	Address	Type of Action
JARH	Gloria Y. Sanders	37243 Covington	Add Remove
	·	33525	
V <u>GRH</u>	Harold H. Sanders	Same an	Add Remove
	ling or adding additional Articles, enter		
(attach ad	lditional sheets, if necessary). (Be speci	fic)	
			·
<u></u>			
provisio	nendment provides for an exchange, recons for implementing the amendment if or applicable, indicate N/A)		

The date of each amendment(s) adoption: March 24, 2007
Effective date if applicable: Marth 24, 2009
(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"
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 vaction was not required.
Dated <u>Mar 24, 2009</u>
Signature Tolles Bonne
(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)
Helen N. Sanders
(Typed or printed name of person signing)
. President
(Title of names signing)