

P04000157128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

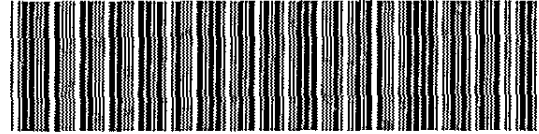
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
07 FEB - 7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. CORRELL FEB 07 2007

Name Change



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2007

THOMAS C LITTLE, ESQ
THOMAS C. LITTLE, P.A.
2123 N.E. COACHMAN ROAD, SUITE A
CLEARWATER, FL 33765

SUBJECT: CAPITAL FINANCIAL, INC.
Ref. Number: P04000157128

We have received your document 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000046815.

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) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 707A00004832

RECEIVED
07 FEB -7 AM 10:30
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAPITAL FINANCIAL, INC.

DOCUMENT NUMBER: P04000157128

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

Please return all correspondence concerning this matter to the following:

THOMAS C. LITTLE, ESQUIRE

(Name of Contact Person)

THOMAS C. LITTLE, P.A.

(Firm/ Company)

2123 N.E. Coachman Road, Suite A

(Address)

Clearwater, FL 33765

(City/ State and Zip Code)

For further information concerning this matter, please call:

Thomas C. Little

(Name of Contact Person)

at (727) 443-5773

(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

CAPITAL FINANCIAL, INC.

P04000157128

07 FEB -7 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1
2
3
4
5

(continued)

The date of each amendment(s) adoption: February 2, 2007

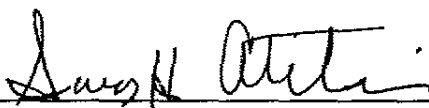
Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

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)

SAVAS K. ARVANITAKIS
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE: \$35