P05000005134

(Requestor's Name)
(Address)
(Addiess)
(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



100238428091

08/14/12--01018--014 **43.75



S. HAWKESAUG - 2012

EXAMINER

COVER LETTER

TO: Amendment Section

Division of Corporations

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

NAME OF CORPORATION: HUTCHINSON ENTERPRISES, INC				
DOCUMENT NUMBER: P05000005134				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MR STEPHEN HUTCHINSON Name of Contact Person				
HUTCHINSON ENTERPRISES, INC Firm/Company				
58 N. HWY M/92, SUITE C				
DEBARY, FL 32713				
City/ State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
S. HUTCHINSON at (386) 668-1115 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:				
\$35 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed)				
Mailing Address Street Address				

Clifton Building

Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

to			
Articles of Incor	poration		
HUTCHINSON ENTE	Poration RPRISES INCAPARITE Fida Dept. of State)		
(Name of Corporation as currently filed with the Flor	rida Dept. of State)		
PO500005	134		
(Document Number of Corporation (if k	nown)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Statutes, the Statutes of Statut	orida Profit Corporation adopts the following amendment(s) to		
A. If amending name, enter the new name of the corporation:	The new		
name must be distinguishable and contain the word "corporation," "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P	". A professional corporation name must contain the		
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)	NIA		
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	NIA		
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address:	s in Florida, enter the name of the		
Name of New Registered Agent	NIA		
New Registered Office Address: (City)	Address) N Florida (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.			
Thereby accept the appearance as registered agent. I am juring with	NIA		
Signature of New Registered Ag	ent, 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	19 2 C
<u>X</u> Add	<u>sv</u>	Sally Smith	PAR. IO
Type of Action (Check One)	Title	Name	Address
Change Add Remove	<u>\</u>	GILLIAN	58 N. HWY 17/92 SUITE C DEBARY, FL 32713
Change Add Remove	\checkmark	NICOLA	58 N. HWY 17/92 SUITE C DEBARY, FL 32713
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
NA	
	12 MG 14 PARO: 10
	THE SECOND SECON
	16.10
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)	
EXCHANGE OF 50%	
GILLIAN HUTCHINGAN	
ONICOLA HUTCHINSON	

The date of each amendment(s) adoption:	"DULY 2nd 2012
Effective date <u>if applicable</u> :	Duly 2nd 2012
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	CHECK ONE)
☐ The amendment(s) was/were adopted by by the shareholders was/were sufficient f	the shareholders. The number of votes cast for the amendment(s) or approval.
	the shareholders through voting groups. The following statement of the shareholders through voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the a	mendment(s) was/were sufficient for approval
by	
	(voting group)
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and shareholder
The amendment(s) was were adopted by action was not required.	the incorporators without shareholder action and shareholder
Dated	15th 2012
Signature	Hulin.
	president or other officer - if directors or officers have not been
	incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
••	
•	STEPHEN HUTCHINSON
	(Typed or printed name of person signing)
·	PRESIDENT
	(Title of person signing)