

P050 00043392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

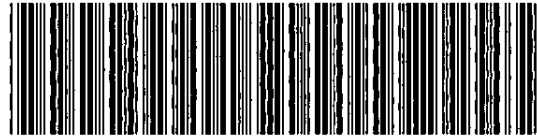
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 28 PM 3:59

Name chg
(1a) 3/28/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: WRINEIE DINK SERVICES INC

DOCUMENT NUMBER: P.05000043392

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

Please return all correspondence concerning this matter to the following:

DOREEN METZ

(Name of Contact Person)

(Firm/ Company)

P.O. BOX 101142

(Address)

CAPE CORAL FL 33910

(City/ State and Zip Code)

For further information concerning this matter, please call:

Doreen Metz

(Name of Contact Person)

at (239) 549-1833

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$3.5 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2008

DOREEN METZ
P.O. BOX 101142
CAPE CORAL, FL 33910

SUBJECT: WRINKIE DINK SERVICES INC.
Ref. Number: P05000043392

We have received your document for WRINKIE DINK SERVICES 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):

You failed to make the correction(s) requested in our previous letter.

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

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 008A00016885

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 28 AM 10:00

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

www.sunbiz.org

March 11, 2008

DOREEN METZ
P.O. BOX 101142
CAPE CORAL, FL 33910

SUBJECT: WRINKIE DINK SERVICES INC.
Ref. Number: P05000043392

We have received your document for WRINKIE DINK SERVICES 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 above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2007 annual report. The entity must be reinstated before this document can be filed.

The total amount due to reinstate is \$900.00.

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

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 508A00014809

*No I never
received it*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAR 20 AM 8:00

RECEIVED

*870
245-6059*

300

Articles of Amendment
to
Articles of Incorporation
of

WRINKIE DINK SERVICES INC

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

POS0000043392

(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):

TOPP SERVICES 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)**

(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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 28 PM 3:59

The date of each amendment(s) adoption: _____

3/20/08

Effective date if applicable: _____

3/20/2008

(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)

Doreen Metz

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE: \$35