

P05DDDD56616

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chg  
@ 12.8.05



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12/02/05--01017--002 \*\*43.75

FILED  
05 DEC -2 AM 10:00  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Amendment Section**  
Division of Corporations

**NAME OF CORPORATION:** PRIOR PARENTS PLAY TOY  
NEW. SMILE, LAUGH & THINK, INC.  
**DOCUMENT NUMBER:** PO500056616

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

Please return all correspondence concerning this matter to the following:

Amy Grewal  
(Name of Contact Person)

SMILE, LAUGH & THINK, INC.  
(Firm/ Company)

244 SHORELINE AVE #172  
(Address)

SARASOTA, FL 34237  
(City/ State and Zip Code)

For further information concerning this matter, please call:

Amy Grewal at 941, 302-1003  
(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)

**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

Articles of Amendment  
to  
Articles of Incorporation  
of

FILED

05 DEC -2 AM 10:00

PARENTS PLAY TOO, INC.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P05000056616

(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):**

SMILE, LAUGH & THINK, 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)**

**★ CHANGE OF OFFICES :**

PRESIDENT : Amy Grewal

VICE PRESIDENT : Amy Grewal

SECRETARY : Amy Grewal

TREASURER : Amy Grewal

Delete:

Amy

Hilmeier

Due tomorrow -

**★ CHANGE OF ADDRESS :**

FROM 3392 Ramblewood Pl

TO: 244 SHOPPING AVE #172

SARASOTA, FL 34237

SARASOTA, FL 34237

(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)

N/A

(continued)

The date of each amendment(s) adoption: 11/28/05

Effective date if applicable: 11/28/05  
(no more than 90 days after amendment file date)

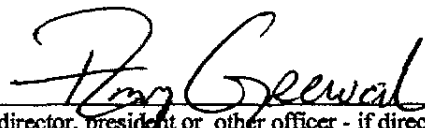
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ 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)

Amy Grewal  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**

Department of Health Vital Statistics

**STATE OF FLORIDA  
MARRIAGE RECORD**

TYPE IN UPPER CASE

USE BLACK INK

This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

**INSTR # 2005233690**

**M/L BK 00689 PG 1587**

RECORDED 06/01/2005 01:22 PM

CLERK OF COURT

HILLSBOROUGH COUNTY

DEPUTY CLERK Shannon Lee D.C.

**T2005-259**

(APPLICATION NUMBER)

APPLICATION TO MARRY			
1. GROOM'S NAME (First, Middle, Last) <b>JAGBIR SINGH GREWAL</b>		2. DATE OF BIRTH (Month, Day, Year) <b>03/18/1966</b>	
3a. RESIDENCE - CITY, TOWN, OR LOCATION <b>SARASOTA</b>	3b. COUNTY <b>SARASOTA</b>	3c. STATE <b>FLORIDA</b>	4. BIRTHPLACE (State or Foreign Country) <b>MALAYSIA</b>
5a. BRIDE'S NAME (First, Middle, Last) <b>AMY LYNN HILSMEIER</b>		5b. MAIDEN SURNAME (if different) <b>NA</b>	5. DATE OF BIRTH (Month, Day, Year) <b>08/12/1968</b>
7a. RESIDENCE - CITY, TOWN, OR LOCATION <b>SARASOTA</b>	7b. COUNTY <b>SARASOTA</b>	7c. STATE <b>FLORIDA</b>	8. BIRTHPLACE (State or Foreign Country) <b>TEXAS</b>
<p>WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ABSENCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.</p>			
9. SIGNATURE OF GROOM (Sign full name using black ink) <i>Jagbir Singh Grewal</i>		10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>05/20/2005</b>	
11. TITLE OF OFFICIAL <b>DEPUTY CLERK SHANNON D. LEE</b>		12. SIGNATURE OF OFFICIAL (Use black ink) <i>Shannon D. Lee</i>	
13. SIGNATURE OF BRIDE (Sign full name using black ink) <i>Amy Lynn Hilsmeier</i>		14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) <b>05/20/2005</b>	
15. TITLE OF OFFICIAL <b>DEPUTY CLERK SHANNON D. LEE</b>		16. SIGNATURE OF OFFICIAL (Use black ink) <i>Shannon D. Lee</i>	
LICENSE TO MARRY			
<p>AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMPNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.</p>			
17. COUNTY ISSUING LICENSE <b>HILLSBOROUGH</b>	18. DATE LICENSE ISSUED <b>05/20/2005</b>	19a. DATE LICENSE EFFECTIVE <b>05/23/2005</b>	19. EXPIRATION DATE <b>07/22/2005</b>
20a. SIGNATURE OF COURT CLERK OR JUDGE <i>Shannon D. Lee</i>		20b. TITLE <b>COUNTY JUDGE/CLERK</b>	20c. BY D.C. <b>SL</b>
CERTIFICATE OF MARRIAGE			
<p>I HEREBY CERTIFY THAT THE ABOVE NAMED GROOM AND BRIDE WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.</p>			
21. DATE OF MARRIAGE (Month, Day, Year) <b>May 28, 2005</b>		22. CITY, TOWN, OR LOCATION OF MARRIAGE <b>Key West, FL</b>	
23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink) <i>L. Andrew Neuhauser</i>		23c. ADDRESS (of person performing ceremony) <b>222 R. Williams St. Key West FL 33040</b>	
24. NAME AND TITLE OF OFFICIAL PERFORMING CEREMONY <b>L. ANDREW NEUHAUSER</b> Commission #DD423222 Expires: APR. 27, 2009 <i>L. Andrew Neuhauser</i>		24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Shannon D. Lee</i>	
25. NAME AND TITLE OF OFFICIAL PERFORMING CEREMONY <b>L. ANDREW NEUHAUSER</b> Commission #DD423222 Expires: APR. 27, 2009 <i>L. Andrew Neuhauser</i>		25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) <i>Shannon D. Lee</i>	
<p>EXP. 4/27/09</p>			
<p>INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED</p>			



L. ANDREW  
NEUHAUSER  
DD 423222

STATE OF FLORIDA  
COUNTY OF HILLSBOROUGH

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE  
AND CORRECT COPY OF THE DOCUMENT ON FILE IN  
MY OFFICE. WITNESS MY HAND AND OFFICIAL SEAL  
THIS 15 DAY OF June, 2005



BY *Mary Hoss* D.C.