# P05000118873

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T Roberts NOV: 1:8: 2009;



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FLORIDA DEPARTMENT OF STATES NOV 18 PM 3 04

Division of Corporations

DEPARTMENT OF STATE

OVISION OF CORPORATIONS

FOTAL LAHASSEE, FLORIDA

November 9, 2009

FREDDY CASTRO F.A.C. PLUS, INC. 5291 W 28 AVE HIALEAH, FL 33016-1913

SUBJECT: F.A.C. PLUS, INC. Ref. Number: P05000118873

We have received your document for F.A.C. PLUS, 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.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 909A00035177

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	PORATION:	F.A.C. OUTLET			
DOCUMENT NU	T NUMBER: P-05000118873				
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.			
Please return all co	orrespondence concerning thi	s matter to the following:			
	F	REDDY CASTRO			
	N	arne of Contact Person			
	·F	.A.C. PLUS, INC.			
Firm/ Company					
	5291 W. 28 AVE.				
		Address			
	шл	EAH, FL. 33016-1913			
		ity/ State and Zip Code			
	bebe03 E-mail address: (to be use	03@bellsouth.net d for future annual report notification)			
For further inform	ation concerning this matter,	please call:			
		at ( 305 ) 9	26-7227		
· Name	e of Contact Person	Area Code & Daytime Tel	ephone Number		
Enclosed is a chec	k for the following amount n	nade payable to the Florida Depar	tment of State:		
☑ \$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		Street Address Amendment Section			
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building			
Tallahassee, FL 32314		2661 Executive Center Circl Tallahassee, FL 32301	le		

#### **Articles of Amendment**

#### to

### Articles of Incorporation

	OI	on FILED
F.A.	c. Plus, INC.	· KOY IR S
(Name of Corporation as curr	ently filed with the Florida	Dept. of State) PALL ARASS OF 2
P-09	5000118873	Dept. of State) TALL ARASSEE FLORIDA
(Document Nur	nber of Corporation (if know	(n)
rsuant to the provisions of section 607.100 nendment(s) to its Articles of Incorporation:		
If amending name, enter the new name of	f the corporation:	
fa	cOutlet.com, Inc.	The new
breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "pro	ofessional association," or to	
Enter new principal office address, if apprincipal office address MUST BE A STREE		
	<u> </u>	
. Enter new mailing address, if applicable	<b>:</b>	
(Mailing address MAY BE A POST OFF)		
	<del>.</del>	
. If amending the registered agent and/or		Florida, enter the name of the
new registered agent and/or the new reg	istered office address;	
Name of New Registered Agent:	<del>-</del>	
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	(Florida street aa	ldress)
		, Florida
	(City)	(Zip Code)
ew Registered Agent's Signature, if chang		
sereby accept the appointment as registered	agent. I am familiar with an	ad 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>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>			
<del></del>			☐ Add ☐ Remove
<del></del>			□ Damassa
(attach ad Name Cha The first 3	ing or adding additional Articles, ent iditional sheets, if necessary). (Be speange.  letters should be in small case and "O" should be in capital case and "outlet" should have a ".com" at the	nd should look like"fac	
The name	change should read and look lik	e "facOutlet.com"	
provisio	nendment provides for an exchange, rons for implementing the amendment of applicable, indicate N/A)		

The date of each amendment(	s) adoption: November 02 2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes of	ast for the amendment(s) was/were sufficient for approval
by	(voting group)
(	(voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated_Nove	mber 12, 2009
Signature	
(By	a director, president or other officer - if directors or officers have not been
	ried, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	FREDDY CASTRO
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)