

A05000133068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

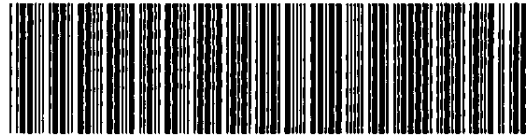
(Business Entity Name)

(Document Number)

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05/27/11--01002--009 \*\*35.00

FILED  
11 JUL 18 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend N.C.*

C.COULLIETTE

JUL 18 2011

EXAMINER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: DIVINE PROPERTY MANAGEMENT, INC.

DOCUMENT NUMBER: P05000133068

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

Please return all correspondence concerning this matter to the following:

SOPHIA VEGA

Name of Contact Person

DIVINE PROPERTY MANAGEMENT, INC.

Firm/ Company

P.O. BOX 5869

Address

SPRING HILL, FLORIDA 34614

City/ State and Zip Code

KVEGA424@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SOPHIA VEGA

Name of Contact Person

at ( 352 )

585-0699

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
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

June 1, 2011

SOPHIA VEGA  
DIVINE PROPERTY MANAGEMENT, INC.  
PO BOX 5869  
SPRING HILL, FL 34614

SUBJECT: DIVINE PROPERTY MANAGEMENT, INC.  
Ref. Number: P05000133068

We have received your document for DIVINE PROPERTY MANAGEMENT, INC. 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 current name of the entity is as referenced above. Please correct your document accordingly.

The designation of the registered agent must be at a Florida street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6903.

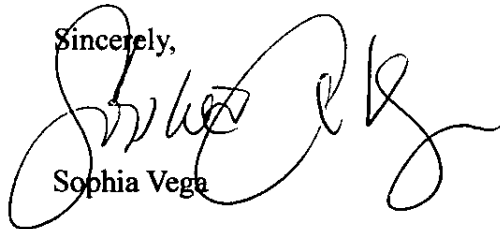
Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 911A00013421

Attn: Cheryl Coulliette      PERSONAL AND CONFIDENTIAL

We previously submitted an amendment which was rejected and I could not locate the letter that was sent so I was advised to type a letter and send to you. Please make the effective date June 1, 2011 and the adoption date June 1, 2011. There is \$35 already on file and the reason there was a delay is because of some family emergencies, my grandmother is fighting bone cancer. We also found that all the information was not included and we did the paper work incorrectly so after the advise of our accountant we are re-submitting the papers now and they are correct. Thank You for your time and attention with this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sophia Vega', written over the printed name.

Sophia Vega

RECEIVED  
11 JUL 18 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Divine Property Management Inc.

**DOCUMENT NUMBER:** P05000133068

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

Please return all correspondence concerning this matter to the following:

Amanda Lynne Shannon

Name of Contact Person

Divine Property Management, Inc.

Firm/ Company

P.O. Box 10582

Address

Brooksville, FL 34603

City/ State and Zip Code

carmelaspizzeria1@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Lynne Shannon

Name of Contact Person

at ( 352 )

835-1615

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department 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  
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

Divine Property Management, Inc.

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

P05000133068

(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:

**A. If amending name, enter the new name of the corporation:**

Divine Property Management Company

*The new*

*name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address **MUST BE A STREET ADDRESS**)

2609 E. Gulf To Lake Highway

Inverness, FL 34453

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O. Box 10582

Brooksville, FL 34603

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUL 18 AM 8:21

FILED

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent:

Amanda Lynne Shannon

New Registered Office Address:

8097 Crystal Brook Cir

(Florida street address)

Brooksville

(City)

Florida 34601

(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.



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>	<u>Type of Action</u>
<u>P</u>	<u>Katherine Vega</u>	<u>18210 Merwyn Circle</u> <u>Weeki Wachee, Fl. 34614</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>T</u>	<u>Sophia Vega</u>	<u>18210 Merwyn Circle</u> <u>Weeki Wachee, Fl 34614</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>P</u>	<u>Amanda L Shannon</u>	<u>8097 Crystal Brook Cir</u> <u>Brooksville, Fl 34601</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**  
 (attach additional sheets, if necessary). (Be specific)

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**F. 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)

Amanda Shannon was issued all 500  
Shares of corporation on 5/27/11 along with  
a bill of sale for Divine Property Management, Inc.

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The date of each amendment(s) adoption: June 1, 2011

(date of adoption is required)

Effective date if applicable: June 1, 2011

(no more than 90 days after amendment file date)

**Adoption of Amendment(s)**

**(CHECK ONE)**

☒ The amendment(s) was/were adopted 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.

Dated 6/1/11

Signature Amanda Shannon  
(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)

Amanda Lynne Shannon

(Typed or printed name of person signing)

President

(Title of person signing)