P05000134204

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
		•
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



300111330863

10/29/07--01042--008 **35.00



Amend.

C. Coulliente NOV 0 9 2007

COVER LETTER

TO: Amendment Section Division of Corporat	ions						
SUBJECT:	Matt's Place, On (Name of Corpora	d.					
DOCUMENT NUMBER:	P05000134	1204					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
	nce concerning this matter to the						
	Katherine A.Y (Name of Contact P	ersbn)					
Matt's Place, Onc. (Firm/Company)							
	4102 Dectona (Address)	Bird.					
	Spring Hill (City/State and Zip	M. 34606					
For further information conce	erning this matter, please call:						
Katherine A.V	eqaat (352 SSU-3613 (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.							
Divi P.O.	ling Address: endment Section ision of Corporations Box 6327 ahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle					

Tallahassee, FL 32301



October 30, 2007

KATHERINE A. VEGA MATT'S PLACE, INC. 4102 DELTONA BLVD. SPRING HILL, FL 34606

SUBJECT: MATT'S PLACE, INC. Ref. Number: P05000134204

We have received your document for MATT'S PLACE, 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):

You will need to complete your application by showing the current registered agent in number 5.

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: 607A00063546

2007 NOV -9 AM 8: 00

COVER LETTER

TO: Amendment Section Division of Corporations

Tailahassee, FL 32314

NAME OF CORPORATION: MCAL'S	Place Inc.
DOCUMENT NUMBER: POSOOO)	34204
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this m	atter to the following:
- Katherix (Name of C	ontact Person)
Matts Pla	Company)
4102 Delta	dress)
Spring 17 (City/State)	34606 and Zip Code)
For further information concerning this matter, plea	ase call:
(Name of Contact Person) Enclosed is a check for the following amount:	at (352) 556-3613 (Area Code & Daytime Telephone Number)
/ \$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	Street Address Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation Name of corporation as currently filed with the Florida Dept. of State) 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):** (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) JULIE A ARMES STRINGHILL, BUD. MAURICE HOLLAND 24381 AUDUBON DRIVE BROOKSVI TREASURER (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)

The date of eac	ch amendment(s) adoption:	FO 10/11				
Effective date if applicable: (no more than 90 days after amendment file date)						
Adoption of An	mendment(s) (CHECK ON	<u>E</u>)				
	amendment(s) was/were approved b mendment(s) by the shareholders was			votes cast for		
follo	amendment(s) was/were approved b wing statement must be separately p trately on the amendment(s):	•		•		
***	The number of votes cast for the am	endment(s) wa	s/were sufficient for	approval by		
_	(voting group)		_ •			
	amendment(s) was/were adopted by shareholder action was not required.	the board of di	rectors without share	eholder action		
	amendment(s) was/were adopted by eholder action was not required.	the incorporate	ors without sharehold	der action and		
S	Gignature (By a director, president or othe selected, by an incorporator - if appointed fiduciary by that fiduciary by the fiduc	in the hands of a	receiver, trustee, or other			
(Title of person signing)						

FILING FEE: \$35