

P06000003192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

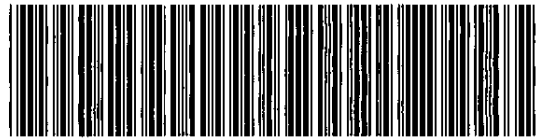
(Business Entity Name)

(Document Number)

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09 JUN 10 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Amor  
6/12/09  
72

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** Treasure Coast Renewals, Inc.

**DOCUMENT NUMBER:** P06000003192

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

Please return all correspondence concerning this matter to the following:

ANNE M. OELRICHT  
Name of Contact Person

Treasure Coast Renewals, Inc.  
Firm/ Company

4218 Cleveland Ave  
Address

Fort Myers, FL 33901  
City/ State and Zip Code

treasurecoastr renewals@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Oelrich at ( 239 ) 217-6089  
Name of Contact Person Area Code & Daytime Telephone Number

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

- |                                                     |                                                                        |                                                                                                  |                                                                                                                         |
|-----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(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

TREASURE COAST RENEWALS INC  
(Name of Corporation as currently filed with the Florida Dept. of State)

(Document Number of Corporation (if known))

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TALLAHASSEE FLORIDA

Page 1 of 3

**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>                                                      |
|--------------|-------------------|-------------------------------------------------|----------------------------------------------------------------------------|
| P.           | ANNE M. Neuhalter | 3809 NW 48 Terrace<br>CAPE CORAL, FL<br>33953   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| P            | ANNE M. OELRICH   | 4403 Chicquinta Blvd<br>CAPE CORAL, FL<br>33914 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                   |                                                 | <input type="checkbox"/> Add<br><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)

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The date of each amendment(s) adoption: JUNE 1, 2009

Effective date if applicable: JUNE 1, 2009  
(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 6/1/09

Signature [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)

Anne M. Belrich  
(Typed or printed name of person signing)

President  
(Title of person signing)