

PO60000037834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

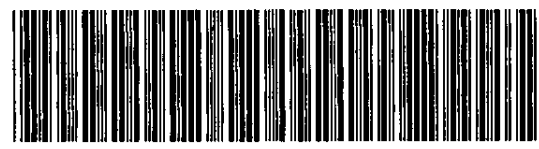
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800243432068

Amend

01/14/13--01021--008 **35.00

FILED
2013 JAN 31 PM 12:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

pool
1/31/13

*00789, 06422, 00672



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2013

David J. Lange
C B Enterprises of St. Augustine, Inc.
123 St. George Street, Unit #9
St. Augustine, FL 32084

SUBJECT: C B ENTERPRISES OF ST AUGUSTINE, INC.
Ref. Number: P06000037834

We have received your document for C B ENTERPRISES OF ST AUGUSTINE, 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 submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 313A00001332

RECEIVED
13 JAN 31 AM 9:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CB ENTERPRISES OF ST. AUGUSTINE, INC

DOCUMENT NUMBER: P 06000037834

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

Please return all correspondence concerning this matter to the following:

DAVID J. LANGE

Name of Contact Person

CB ENTERPRISES OF ST. AUGUSTINE, INC

Firm/ Company.

123 ST. GEORGE STREET UNIT #9

Address

ST. AUGUSTINE, FL 32084

City/ State and Zip Code

WISHBONE6 @ ATT.NET

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

For further information concerning this matter, please call:

DAVID J. LANGE

Name of Contact Person

at (904) 827-1510

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)

ENCLOSED
PREVIOUSLY

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

CB ENTERPRISES OF ST. AUGUSTINE
(Name of Corporation as currently filed with the Florida Dept. of State)

P 06000037834

(Document Number of Corporation (if known))

2013 JAN 21 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

DAVID J. LANGE

123 ST. GEORGE STREET UNIT #9

(Florida street address)

New Registered Office Address:

ST. AUGUSTINE

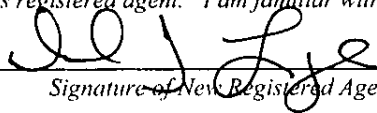
(City)

Florida 32084

(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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PST</u>	<u>MARY L. LANGE</u>	<u>917 MIRROR LAKE DR.</u>
<input type="checkbox"/> Add			<u>ST. AUGUSTINE,</u>
<input checked="" type="checkbox"/> Remove			<u>FL 32086</u>
2) <input checked="" type="checkbox"/> Change To	<u>PST</u>	<u>DAVID J. LANGE</u>	<u>PO Box 1926</u>
<input type="checkbox"/> Add			<u>1715 ST. AUGUSTINE,</u>
<input type="checkbox"/> Remove			<u>FL, 32084</u>
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input 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)

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)

The date of each amendment(s) adoption: 11/12/2012
Effective date if applicable: 11/12/2012
(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 1/31/2013

Signature De J. Lange
(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)

DAVID J. LANGE

(Typed or printed name of person signing)

CURRENT VP

(Title of person signing)