

P06000046072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

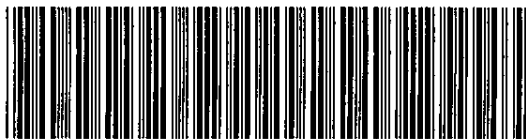
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08 NOV 17 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend
11/24/08

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Zuluvs Enterprises Inc

DOCUMENT NUMBER: P06000046072

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

Please return all correspondence concerning this matter to the following:

Philip M Tompson

(Name of Contact Person)

Zuluvs Enterprises Inc

(Firm/ Company)

4598 Forlano Cir

(Address)

North Port, FL 34291

(City/ State and Zip Code)

For further information concerning this matter, please call:

Philip M Tompson

(Name of Contact Person)

at (941) 426-8588

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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

October 28, 2008

PHILIP M. THOMPSON
4598 FORLANO CIR.
NORTH PORT, FL 34291

SUBJECT: ZULUVRS ENTERPRISES, INC
Ref. Number: P06000046072

We have received your document for ZULUVRS ENTERPRISES, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 508A00055321

Articles of Amendment
to
Articles of Incorporation
of

ZULUVRS ENTERPRISES, INC
(Name of Corporation as currently filed with the Florida Dept. of State)

P06 0000 460 72

(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:

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)

N/A

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

N/A

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:

PHILIP M TOMPSON

New Registered Office Address:

4598 FORLAND CIR

(Florida street address)

NORTH PORT

(City)

Florida 34291
(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.

Philip M Tompson
Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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)

Title	Name	Address	Type of Action
PRESIDENT	KRISTINE M TOMPSON	4598 FORLAND CIR	<input type="checkbox"/> Add
SECRETARY		NORTH PORT FL	<input checked="" type="checkbox"/> Remove
		34291	
PRESIDENT	PHILIP M TOMPSON	4598 FORLAND CIR	<input checked="" type="checkbox"/> Add
SECRETARY		NORTH PORT FL	<input type="checkbox"/> Remove
		34291	
			<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)

N/A

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)

SHARES OF THE CORPORATION OWNED BY KRISTINE M TOMPSON
WILL BE TRANSFERRED TO PHILIP M TOMPSON WITH AN
EFFECTIVE DATE OF 9/3/2008

The date of each amendment(s) adoption: 9/3/2008

Effective date if applicable: 10/25/2008

(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 11/19/2008

Signature

Philip M. Thompson
(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)

Philip M. Thompson
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)