

PO6000102362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

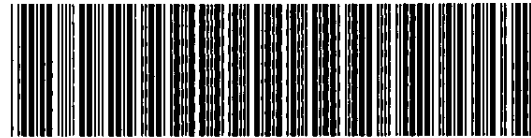
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



300186849413

*Name Change
& Amend*

10/25/10--01029--025 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 18 PM 2:53

FILED

AR

11/18/10

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MCCABE MANAGEMENT, INC

DOCUMENT NUMBER: P06000102362

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

Please return all correspondence concerning this matter to the following:

ULLI STEINER-MASSEY

Name of Contact Person

TAX PROFESSIONALS, LLC

Firm/ Company

PO BOX 760

Address

GENEVA, AL. 36340

City/ State and Zip Code

ULLI@MCQUAIDTAX.COM

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

For further information concerning this matter, please call:

ULLI STEINER-MASSEY

Name of Contact Person

at (334)

684-6398

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

7009 2250 0002 2600 7286



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2010

Ulli Steiner-Massey
Tax Professionals, LLC
P.O. Box 760
Geneva, AL 36340

SUBJECT: MCCABE MANAGEMENT, INC.
Ref. Number: P06000102362

We have received your document for MCCABE MANAGEMENT, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P09000004193.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 210A00025247

RECEIVED
10 NOV 18 PM 12:59
OFFICE OF THE
CLERK OF THE
STATE OF FLORIDA

3009 2250 0002 2600 7408

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

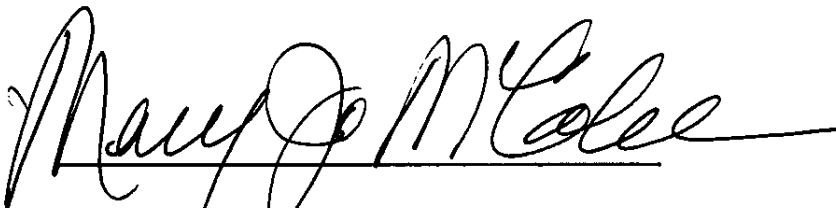
November 08, 2010

Ref. THE MCCABE INSTITUTE, INC

Document # P09000004193

To whom it may concern

I have no intention of reinstating THE MCCABE INSTITUTE, INC and agree to release the name for use to another entity.

A handwritten signature in black ink, reading "Mary Jo McCabe". The signature is written in a cursive style with a horizontal line underneath the name.

Mary Jo McCabe, President

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 NOV 18 PM 2:53

MCCABE MANAGEMENT, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P06000102362

(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 MCCABE INSTITUTE, INC

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:

MARY JO MCCABE

New Registered Office Address:

4334 SUNSET BEACH CIRCLE

(Florida street address)

NICEVILLE

(City)

, Florida 32578

(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>MARY JO MCCABE</u>	<u>4334 SUNSET BEACH CIRCLE</u> <u>NICEVILLE, FL. 32578</u>	<input checked="" type="checkbox"/> Add <i>change from DVP</i> <input type="checkbox"/> Remove
<u>VP</u>	<u>BHRETT A MCCABE, PHD</u>	<u>1040 GRESTONE COVE</u> <u>BIRMINGHAM, AL. 35242</u>	<input checked="" type="checkbox"/> Add <i>change from DS</i> <input type="checkbox"/> Remove
<u>S/T</u>	<u>JAMES E MCCABE</u>	<u>4334 SUNSET BEACH CIRCLE</u> <u>NICEVILLE, FL. 32578</u>	<input checked="" type="checkbox"/> Add <i>change from: TPD</i> <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: SEPTEMBER 29, 2010
(date of adoption is required)

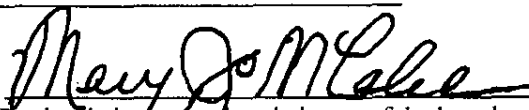
Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were adopted by the directors. Shareholder action was not required.

Dated SEPTEMBER 29, 2010

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MARY JO MCCABE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)