(Re	equestor's Name)	
(Ad	ldress)	,
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	<b>∏</b> WÁIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
<u>.                                    </u>	Office Use On	ıly



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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

* ***	•' •		
NAME OF COR	PORATION: EBEL	HEIRLOOMS, INC.	
DOCUMENT NU	JMBER: P06000105774	1	
The enclosed Artic	cles of Amendment and fee a	are submitted for filing.	
Please return all co	orrespondence concerning th	is matter to the following:	
_	Paul M. Eakin, Esquir (Name	re of Contact Person)	
	Eakin & Sneed (Fi	rm/ Company)	
	599 Atlantic Bouleva		
	Atlantic Beach, Flor	(Address)	
For further inform	(City/ S ation concerning this matter,	tate and Zip Code) please call:	
	1 M. Eakin	at (_ 904)247	7-6565
(Nam	e of Contact Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a chec	k 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 Ad Amendmer		Street Address Amendment Section Division of Corporations	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Anne Ebel	, hereby resign as_	Secretary an	d Treasurer Fitle)
of Ebel Heirlooms, Inc. (Name	of Corporation)		,
P06000105774 (Document Number, if known)	, a corporation organized un	der the laws of th	e State of
Florida			
<del>June</del>	Signature of resigning officer/direct	or)	2007 DEC 17 AM 10: 46 SECRETARY OF STATE TALLAHASSEE, FLORI

### FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	EBEL HI	EIRLOOMS, INC.	<del></del>
DOCUMENT NUMBER: P06000	105774		
The enclosed Articles of Amendment a	nd fee are s	submitted for filing.	
Please return all correspondence concer	ning this m	atter to the following:	
Paul_M. Eakin.		ontact Person)	
Eaßin & Sneed		<u> </u>	
	(Firm/ (	Company)	
599 Atlantic Bo	oulevard,	Suite 4	
	(Ad	dress)	
Atlantic Beach	, Florida	32233	
	(City/ State	and Zip Code)	
For further information concerning this	matter, ple	ase call:	
Paul M. Eakin		_at (_904)	247-6565
(Name of Contact Person)		(Area Code & Di	aytime Telephone Number)
Enclosed is a check for the following ar	nount:		
\$35 Filing Fee \$43.75 Filing Fee Certificate of State		\$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 Corporat Clifton Building 2661 Executive Cen	ions

Tallahassee, FL 32301

# OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, Anne Ebel	, hereby resign as_	Secretary an	d Treasurer Fitle)	_
of Ebel Heirlooms, Inc.	······································		<u></u>	1
P06000105774  (Document Number, if known)	of Corporation), a corporation organized un	der the laws of th	e State of	
Florida				
- Janes	Signature of resigning officer/direct	tor)	2007 DEC 17 AM 10: SECRETARY OF ST TALLAHASSEE, FLC	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314