# P06000141725

. •
(Requestor's Name)
(Address)
•
(Address)
/
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
· (Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
[
Special Instructions to Filing Officer:
`

Office Use Only



100156276141

05/27/09--01020--018 \*\*43.75

O9 JUN 10 PM 2: 12
SECRETARY OF STATE
TALLAHASSEE, FINDING

N.C. C.COULLIETTE

JUN 1 0 2009

**EXAMINER** 

#### **COVER LETTER**

TO: Amendment Section

, Division of Corporations		
NAME OF CORPORATION:Oue'cl	oflone.	
DOCUMENT NUMBER: G86313988	52¢	
The enclosed Articles of Amendment and fee are s	ubmitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Raymond A. Name	Love	
Name	of Contact Person	
F	irm/ Company	
1545 NW 2nd	d Aul	
	Addiess	
Fort lauderdale	e, Fla. 33311	
Fort audivalate  City/s  Raymon & C-No  E-mail address: (to be used for	ofaries net future annual report notification)	
For further information concerning this matter, plea	ase call:	
Name of Contact Person	at (954) 793. 4	595
Enclosed is a check for the following amount made	e payable to the Florida Depart	ment of State:
□ \$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	Street Address	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations	
Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle	<b>.</b>
1 ananassee, 1 L 52517	2001 Executive Center Cher	•

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2009

RAYMOND A. LOVE 1545 NW 2ND AVE FT LAUDERDALE, FL 33311

SUBJECT: ONEDOTLOVE, INC. Ref. Number: P06000141725

We have received your document for ONEDOTLOVE, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

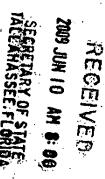
You have the number on your application showing for a ficticious name. If you are incorporated with this name, the number above in the field showing as "Reference" is your document number for the corporation. You will have to indicate the corporate suffix you wish to use for the new corporate name such as "Inc." "Corp" etc.

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) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 209A00018280



### 

Ai	of	,11	
Dradallova La			
(Name of Corporation as current	tly filed with the Florid	a Dept. of State)	
G0631390802	•	141425	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:	Florida Statutes, this F.	lorida Profit Corporation adopts	the following
A. If amending name, enter the new name of the	he corporation:		
e-Notaries.net ( name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes	e word "corporation," esignation "Corp," "Ind	"company," or "incorporated" c," or "Co". A professional corp	The new or the poration
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET)		TAL:	<b>0</b>
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	CRETARY OF SIAL	24/
D. If amending the registered agent and/or reg new registered agent and/or the new register		n Florida, enter the name of the	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:			
<u>New Registered Office Address:</u>	(Florida street d	address)	
_		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered age		and accept the obligations of the p	osition.
Sig	nature of New Registere	d 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>	Address	Type of Action
			□ Damaria
			[] D
	nding or adding additional Article additional sheets, if necessary). (		
provis	nmendment provides for an exchations for implementing the amend not applicable, indicate N/A)		

The date of each amendment(s) adoption: 5 · 22 · 0 °		
Effective date if applicable	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.	
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
•	(voting group)	
action was not required.	e adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
Signature (By selection	all 21, 2005  a director president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	(Typed or printed name of person signing)	
	(Title of person signing)	
	( little of person signing)	