P07000081792

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



300180712633

08/05/10--01002--010 **35.00

FILES PH 4 DI
10 AUG - 2 PH 4 DI
SECRETARY OF STATE
TALLAMASSEE. FLORIDA

ANEROS 2



July 20, 2010

FLOSSIE M. NICKOLSON NICKOLSON'S PORTRAIT STUDIO, INC. 17940 TOLEDO BLADE BLVD. PORT CHARLOTTE, FL 33948

SUBJECT: NICKOLSON'S PORTRAIT STUDIO, INC.

Ref. Number: P07000081792

We have received your document for NICKOLSON'S PORTRAIT STUDIO, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 610A00017481

Articles of Mmendment

Articles of Incorporation

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

P070000 81792
(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following

me must be distinguishable and contain to breviation "Corp.," "Inc.," or Co.," or the me must contain the word "chartered," "prof	designation "Corp	o, " "Inc," or "C	o". A professional corpor
Enter new principal office address, if appl rincipal office address <u>MUST BE A STREE</u>	licable:	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFIC		NIA	
	_		
If amending the registered agent and/or renew registered agent and/or the new regis			, enter the name of the
			, enter the name of the
new registered agent and/or the new registered	tered office addre		, enter the name of the

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 '	<u>vame</u>		Address	Type of Action
i <u>ce Pre</u> sident	Flossie	Nickolson	17940 Toledo Bort Charlotte	Blade Blad Add FL
	or adding addition nal sheets, if necess			
	N / /+			
provisions fo		e amendment if n	assification, or cancella ot contained in the am	
	N/P			
	•			

The date of each amendment(s) adoption: May all all				
Effective date if applicable: June 1, 2010				
(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.				
Signature (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)				
Charles M. Nickolson (Typed or printed name of person signing)				
President (Title of person signing)				
THE RESIDENCE OF THE PROPERTY				