

PO7000099943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

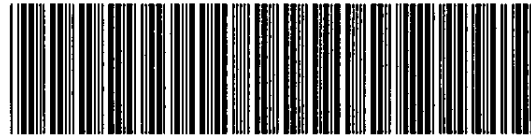
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amens

RECEIVED
10 OCT 19 PM 4:14
CLERK OF STATE
TALLAHASSEE, FLORIDA

Roberts OCT 19 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 OCT 19 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 11, 2010

SARAH M. MORALES
SUMMIT HUMAN CAPITAL SOLUTIONS, INC.
2848 LAFAYETTE TRACE DR
SAINT CLOUD, FL 34772

SUBJECT: SUMMIT HUMAN CAPITAL SOLUTIONS, INC.
Ref. Number: P07000099943

We have received your document for SUMMIT HUMAN CAPITAL SOLUTIONS, 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):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 210A00024009

Check was not returned.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Summit Human Capital Solutions, Inc.

DOCUMENT NUMBER: P 07000099943

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

Please return all correspondence concerning this matter to the following:

Sarah Morales

Name of Contact Person

Summit Human Capital Solutions

Firm/ Company

2848 Lafayette Trace Dr.

Address

Saint Cloud, FL 34772

City/ State and Zip Code

Sarah@Summithcs.net

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

For further information concerning this matter, please call:

Sarah Morales

Name of Contact Person

at (954) 294 6695

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

Articles of Amendment
to
Articles of Incorporation
of

Summit Human Capital Solutions, Inc.

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

P070000 99943

(Document Number of Corporation (if known))

10 OCT 19 PM 4:14
FLORIDA DEPT. OF STATE
CORPORATION DIVISION

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)

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:

New Registered Office Address:

_____ (Florida street address)

_____, Florida
(City) (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>
President T-D	George Brooks, III	2848 Lafayette Tr Dr. Saint Cloud FL 34772	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<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)

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: 10/1/2010

(date of adoption is required)

Effective date if applicable: 10/1/2010

(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.

Dated 10/15/2010

Signature Sarah Morales
(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)

SARAH MORALES
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)