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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

OCT -7 2013 R. WHITE



August 28, 2013

CORTNEY CAMPUS STYLE DOWNTOWN 192 N FALAFOX STREET PENSACOLA, FL 32502

SUBJECT: STYLE DOWNTOWN, INC.

Ref. Number: P07000116450

We have received your document for STYLE DOWNTOWN, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Letter Number: 313A00020518

Rebekah White Regulatory Specialist II

www.sunbiz.org

COVER LETTER

| TO: Registration Section Division of Corp. | | | |
|--|---|---|---|
| SUBJECT: | Syle Du | intown Inc. | |
| | VName of Limite | ed Liability Company | |
| The enclosed Articles of A | mendment and fee(s) are subr | nitted for filing. | ः संच्याची सं |
| Please return all correspond | dence concerning this matter t | to the following: | 4 |
| | Coptner | CAMPUS Name of Person | M এইর ^{চচ্} ত |
| | Styl | e Downtown Firm/Company | |
| | 192 N PA) | AFOX STPLET Address | |
| | PONSA | 10/1/FV 32502 | |
| | E-mail address: (to | City/State and Zip Code Shill Al With Win. La be used for future annual report notification | <u>M</u> |
| For further information co | ncerning this matter, please ca | ılı: | |
| Coppey | CAMPUS Person | at (890) 497 - 666 Area Code & Daytime Tel | ephone Number |
| Enclosed is a check for the | following amount: | | · |
| \$25.00 Filing Fee | ☐\$30.00 Filing Fee & Certificate of Status | Cl\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| NAME OF CORPORATION: STYLE DOWNTOWN INC. DOCUMENT NUMBER: P070011 6490 |
| The enclosed Articles of Amendment and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| CORTNEY CAMPUS Name of Contact Person STYLE DOWN TOWN Firm/Company |
| 192 V. PALAFOX ST. Address |
| PENSACOLA, FLORIDA 32502 City/ State and Zip Code |
| Coverage & Style Downtown. Com E-mail address: (to be fised for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Contact Person at (850) 501 0934 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made payable to the Florida Department of State: |
| \$3.5 Filing Fee \$\$\subset\$\$\square\$\square\$\$\square\$\square\$\$\square\$\$\square\$\square\$\square\$\$\square\$\square\$\sq |
| Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 |

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Articles of Amendment

Articles of Incorporation

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|-----|--------------|------|-------|--------|
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| SEC | RETA AHAS | RY-C | ij. S | TATE |

currently filed with the Florida Dept. of State) (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: 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 (Florida street address) New Registered Office 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: X Change | <u>PT</u> <u>John</u> | <u>Doe</u> | |
|-------------------------------|-----------------------|----------------|-------------------------|
| X Remove | <u>V</u> <u>Mike</u> | Jones | |
| X Add | SV Sally | Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | <u>Addres</u> s |
| l) Change | PT | DOVENNIE DAY | 1510 E. MORENO ST. |
| Add Remove | | | PENSACOLA, FL. 32503 |
| 2) Change | PT | CORTNEY CAMPUS | 226 PINE TEEF DEIVE |
| Remove 3) Change | | | 325W |
| Add | | | |
| 4) Change | | | |
| Remove | | | |
| 5) Change | | • | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| 6 PIDOV# | | | |

| f amending or adding additional Arti Attach additional sheets, if necessary). | (Be specific) | | |
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| an amendment provides for an exch | ange, reclassification, or c | ancellation of issued shares, | |
| orovisions for implementing the amer (if not applicable, indicate N/A) | dment if not contained in | the amendment itself: | |
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| The date of each amendment(s) adoption: | , if other than th |
|--|--------------------|
| | |
| 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 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 | |
| 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) | |
| (Typed or printed name of person signing) | |
| (Title of person signing) | , |