P08000001334

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PICK-U	P WAIT	MAIL
	(Business Entity Name)	
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	(Decument Number)	
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Certified Copies	Certificates of	Status
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Special Instruction	s to Filing Officer:	

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SECRETARY OF STATE ALLAHASSEE, FLORID

N.C. C.COULLIETTE OCT 2 7 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations		\forall		E	
NAME OF CORPORATION:	tip-to	op HVING)	icon	compa
DOCUMENT NUMBER:	P080	000	1334	<u> </u>	
The enclosed Articles of Amend	dment and fee are s	submitted for filing.			
Please return all correspondence	e concerning this m	natter to the following	g:		
_Van	a Ship	to N c of Contact Person			
tip	-top _F	irm/ Company	îcon	com;	carry
877	- 16th	Ave N			
St.	PEKEN K	State and Zip Code	-33	3704	۸
ICON (E-mail	@ knolo	94° Net	(all	10 WC	r case)
For further information concern Vana Shipton Name of Contact Pers	1	ase call: at (510	1635	
Enclosed is a check for the follo					
\$35 Filing Fee \$43.75 F	Filing Fee & ate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is	è [\$52.50 Filing I Certificate of S Certified Copy	Status
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	S	Street Address Amendment Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	rations enter Circle		



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 10 OCT 25 AM 8: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 18, 2010

VANA SHIPTON TIP-TOP LIVING, INC. 877 16TH AVE NORTH ST PETERSBURG, FL 33704

SUBJECT: TIP-TOP LIVING, INC. Ref. Number: P08000001334

We have received your document for TIP-TOP LIVING, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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: 710A00024545

your champed you?

Articles of Amendment to Articles of Incorporation

of

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

(Document Number of Corporation (if known)

P0800 000

Pursuant to the provisions of section 607.10 amendment(s) to its Articles of Incorporation:		s, this <i>Florida P</i>	rofit Corporatio	on adopts the f	ollowin	g
A. If amending name, enter the new name name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pr	ICON To the word "corpo the designation "Col	Shirt St pration," "compa rp," "Inc," or "C	ny," or "inco Co". A profess	ional corporati	the	
B. Enter new principal office address, if an (Principal office address MUST BE A STRE		877 St. K	16th A HODU	<u>ve</u> N		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF		FL - 3 877 St. PC FL	16th 16th 10bur 3370	Ave N		
D. If amending the registered agent and/or	registered office a	ddress in Florid	a, enter the na	me of the		
new registered agent and/or the new reg	gistered office addı	ress:				
Name of New Registered Agent:						
New Registered Office Address:	(Florid	la street address)	 . Florida	SEI TALL	10	
Now Decisional Access Company of the con-	(Çihy)		(Zip Code)	AHAS	0 0CT 2	<u> </u>
New Registered Agent's Signature, if chang I hereby accept the appointment as registered	agent. I am famili	em; iar with and accep	ot the obligation	ns of the position	7 AM 9:	LEO
	Signature of New J	Kegistered Agent.	if changing	ATE)RID,	: 59	

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>	Type of Action
-			☐ Add ☐ Remove
·			
	nding or adding additional A additional sheets, if necessary)		
provis		schange, reclassification, or cancellate in the ame	

The date of each amendment(s) as	doption:
	. (date of adoption is required)
Effective date <u>if applicable</u> :	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) ifficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast t	for the amendment(s) was/were sufficient for approval
by	."
(voti	ing group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated	00+-2010 NNINMA.
selected,	rector, president br other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	Vana Shipton (Typed or printed name of person signing)
	Owner & founder
	(Title of person signing)