

PO8000024409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMEND
08/9

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Heaven's Best of Indian River Inc.
Name of Corporation

DOCUMENT NUMBER: FIN 74-3255737 P08000024409

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara LaPierre
Name of Contact Person

Heaven's Best of Indian River Inc.
Firm/Company

364 Malibu Br. Rd.
Address

Nassau, N.Y. 12123
City/State and Zip Code

Fritz 8012@Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara LaPierre at (518) 931-4159
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

FILED

11 AUG -9 AM 11:09

HEAVEN'S BEST OF INDIAN RIVER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7080000 24409

(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:

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)

364 MALDEN BEACH RD
NASSAU, NY 12123

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:

BARBARA LA PIERRE
2500 57th CIRCLE

New Registered Office Address:

VERO BEACH, FL 32906
(City) (State) (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.

Barbara LaPierre
Signature of Registered Agent

8-8-2011
Date

If signing on behalf of an entity:

Barbara LaPierre
Typed or Printed Name

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>
PSTD	Greg LaPierre	126 N. Main St. Falmouth, ME 04101	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
BID	Brian LaPierre	364 Main St. Nassau, NY 12123	<input checked="" 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: _____

(date of adoption is required)

8/8/11

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 _____

8/8/11

Signature _____

Barbara LaPierre

Signature of an officer or director

(P)

s have not been

selected, by an incorporator or in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Barbara LaPierre / President / Secretary / Director

Printed or typed name and title

(Typed or printed name)

(Title of person signing)