

P08000050026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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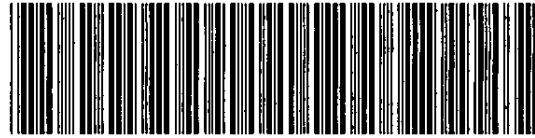
(Business Entity Name)

(Document Number)

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08 AUG 28 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*friend*

CC

AUG 28 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** S.O.S. Property Specialists, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** P08000050026

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly L. Steen

(Name of Contact Person)

S.O.S. Property Specialists, Inc.

(Firm/Company)

6709 Ridge Road, Ste 113

(Address)

Port Richey, Florida 34668

(City/State and Zip Code)

For further information concerning this matter, please call:

Kelly L. Steen

(Name of Contact Person)

at (

727

) 809-0932

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☒ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 7, 2008

KELLY L. STEEN  
S.O.S. PROPERTY SPECIALISTS, INC.  
6709 RIDGE RD, STE 113  
PORT RICHEY, FL 34668

SUBJECT: S.O.S. PROPERTY SPECIALISTS, INC.  
Ref. Number: P08000050026

RECEIVED  
2008 AUG 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for S.O.S. PROPERTY SPECIALISTS, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Correction must be filed within 30 days of the file date of the document that is being corrected. As the time period for filing Articles of Correction has expired, an amendment to the articles of incorporation could be filed at this time.

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: 808A00045040

*Please see attached*  
*11*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** S.O.S. Property Specialists, Inc.

**DOCUMENT NUMBER:** P08000050026

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

Please return all correspondence concerning this matter to the following:

Kelly L. Steen

(Name of Contact Person)

S.O.S. Property Specialists, Inc.

(Firm/ Company)

6709 Ridge Road, Suite 113

(Address)

Port Richey, Florida 34668

(City/ State and Zip Code)

For further information concerning this matter, please call:

Kelly L. Steen

(Name of Contact Person)

at ( 727 ) 992-7218

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$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**

S.O.S. Property Specialists, Inc.

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

P08000050026

(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:

**NEW CORPORATE NAME (if changing):**

(Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.")  
(A professional corporation must contain the word "chartered", "professional association," or the abbreviation "P.A.")

**AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE)** Indicate Article Number(s) and/or Article Title(s) being amended, added or deleted: **(BE SPECIFIC)**

**Article Number 5 - Officers**

Replace Maria Santana with Kelly Steen as Secretary

**Article Number 6 - Director(s)**

Delete Maria Santana as a Director

(Attach additional pages if necessary)

If an amendment provides for 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)

(continued)

**FILED**  
08 AUG 28 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The date of each amendment(s) adoption: 05/20/2008

Effective date if applicable: 05/20/2008  
(no more than 90 days after amendment file date)

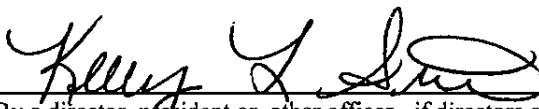
Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were approved 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)

Kelly L. Steen

(Typed or printed name of person signing)

President/Director

(Title of person signing)

**FILING FEE: \$35**