P08000058247

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(5)	and Alimate and	
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

Amend. 10-6-09 Dc



RECEIVED 09 OCT -5 AMII: 27

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

September 25, 2009

JENNIFER VANDEGRIFT 1548 TERRE CIA AVE. ORLANDO, FL 32807

SUBJECT: JENNIFER VANDEGRIFT, INC.

Ref. Number: P08000058247

We have received your document 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 capacity of the person signing the document must be typed or printed beneath or opposite the signature.

THE FIRST PAGE OF THE AMENDMENT IS MISSING. WE ARE ENCLOSING A FIRST PAGE TO BE COMPLETED.

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) 245-6906.

Darlene Connell Regulatory Specialist II

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Letter Number: 709A00031386

COVER LETTER

TO: Amendment S Division of C		•	•••
NAME OF COR	PORATION: <u>Jenni</u>	fer Vandegrift	Inc
DOCUMENT NU	mber: <u>P08000</u>	058247	
The enclosed Artic	les of Amendment and fee a	re submitted for filing.	
Please return all co	prrespondence concerning th	is matter to the following:	
	Jennifer \	Vandearift Jame of Contact Person	
	Jennifer Va	ndegrift, Inc	<u>, </u>
-	1548 Terre	Cla Ave · Address	
	Orlando,	FL 32807 ity/ State and Zip Code	
	E-mail address: (to be used	d for future annual report notification)	1
For further informa	tion concerning this matter,	please call:	
<u>Jennifer</u> Name	Vandegrift of Contact Person	at (<u>407</u>) <u>431- (</u> Area Code & Daytime Tele	phone Number
Enclosed is a check	for the following amount m	ade payable to the Florida Depart	ment 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 Ad Amendment Division of P.O. Box 63 Tallahassee	t Section Corporations 27	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301



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 corp	oration:
~/A	
name must be distinguishable and contain the word abbreviation "Corp.," "Inc.," or Co.," or the designati name must contain the word "chartered," "professional a	"corporation," "company," or "incorporated" or the ion "Corp," "Inc," or "Co". A professional corporation association," or the abbreviation "P.A."
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRI</u>	13130 Odyssey Lake Way Orlando, FL 32826
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13130 Odyssay Lake Way Orlando, FL32826
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 off	ice address:
Name of New Registered Agent: Same	Las current Jennifer Vandegnift)
New Registered Office Address:	O DOLYSSEY LOKE Way (Florida street address)
orla	ndo , Florida 32824 (City) (Zip Code)
Now Degistered Agent's Signature if shanging Degist	and Agants

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

current

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>	Address	Type of Action
<u>P</u>	Daniel Nunez	1548 Terre Cia Ave. Orlando, FL32807	Add Remove
<u>P</u>	Name Daniel Nunez Jennifer Vandegnift	13130 odyszeylake Orlando, FL 32826	Ä Add ☐ Remove
			☐ Add
	ling or adding additional Articles, enter of ditional sheets, if necessary). (Be specificational sheets)		
-	<u> </u>	, 	
	NIA		· · · · · · · · · · · · · · · · · · ·
			
provisio	nendment provides for an exchange, recla ons for implementing the amendment if n ot applicable, indicate N/A)	assification, or cancellation of issu ot contained in the amendment it	ued shares, iself:
P	V/A		
-			
	•		

The date of each amendment((s) adoption: $9 2 109$
Effective date <u>if applicable</u> :	9 21 09 (date of adoption is required)
Effective date in applicable.	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/wer by the shareholders was/we	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes c	east for the amendment(s) was/were sufficient for approval
by	(voting group)
action was not required.	e adopted by the board of directors without shareholder action and shareholder e adopted by the incorporators without shareholder action and shareholder
Dated_O	21/09
setec	a director, president or other officer – if directors or officers have not been sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Jennifer Vandegriff (Typed or printed name of person signing)
	Owner - PRES. (Title of person signing)