P08000061333

(Requestor's Name)	
(Itequesions Hairie)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	-
PICK-UP WAIT	MAIL
	···
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of St	atus
	
Special Instructions to Filing Officer:	
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03/28/14--01005--004 **35.00

Amend (10 2/31/14

COVER LETTER

TO: Amendment Section

Division of Corp	orations					
NAME OF CORPO	NAME OF CORPORATION: Bonne Nuit SW FLorida, Inc.					
	BER: P0800006633					
DOCUMENT NUMI	BEK:	· 	· · · · · · · · · · · · · · · · · · ·			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corre	spondence concerning this mat	tter to the following:				
	Gloria Baur					
		Name of Contact Person	ו			
	Bonne Nuit SW F	lorida, Inc.				
		Firm/ Company				
	23106 Fashion D	rive #127				
	E . El 0000	Address				
	Estero, FL 33928					
		City/ State and Zip Code	e			
bor	nnenuitfl4@aol.co	m				
`	E-mail address: (to be us	sed for future annual report	notification)			
For further information	n concerning this matter, pleas	se call:				
roi iutulei illioilliallo	in concerning this matter, pieas	c can.				
Mark B. Ruchala		at (239	, 246-9681			
Name	of Contact Person		de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department 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 Address			Address			
Amendment Section		Amendment Section				
Division of Corporations P.O. Box 6327			on of Corporations Building			
Tallahassee, FL 32314		2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



Bonne Nuit SW Florida, Inc.		Fig Si
(Name of Corporation as currently	filed with the Florida Dept. of State)	
P08000066333		
(Document Number of	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Flori its Articles of Incorporation:	ida Statutes, this Florida Profit Corporation adopts the following	g amendment(s) t
A. If amending name, enter the new name of the	corporation:	
	ord "corporation," "company," or "incorporated" or the ab rp," "Inc," or "Co". A professional corporation name must c he abbreviation "P.A."	
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AL		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	BOX)	
D. If amending the registered agent and/or regist new registered agent and/or the new registere Name of New Registered Agent	tered office address in Florida, enter the name of the ed office address:	
- 1, 1, 1, 1	(Florida street address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Relative the Agent as registered agent.	egistered 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.

X Change	PT	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>aith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change	<u></u>			· · · · · · · · · · · · · · · · · · ·
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		_		<u> </u>
Add				
Remove				• • • • • • • • • • • • • • • • • • • •
4) Change				
Add		_		
Remove				
5) Change				
Add		_		
Remove				
6) Change				
Add				
Remove				

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)	
	·····	
	· · · · · · · · · · · · · · · · · · ·	

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16d		
provisions for implementing the ame	ange, reclassification, or cancellation of issued shares, ndment if not contained in the amendment itself:	
(if not applicable, indicate N/A)		
an exchange of 50 Shares origin	ally issued to Dara Hall in error, have been	
e-issued to Gloria Baur.		
	4, 4,	

The date of each amendment(s) date this document was signed.	adoption: Odiy 77, 2000	, if other than the
5	uly 11, 2008	
Enective date in appricable.	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	pproved 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 ca	st for the amendment(s) was/were sufficient for approval	
by	,,	
	(voling group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
Dated March	25, 2014	
Signature	M	
(By a	director, president or other officer - if directors or officers have not been	
	ted, by an incorporator — if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Gloria Baur	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	_