P08000084732

(Requestor's Name)			
(Address)			
(Ad	dress)		
(Cit	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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08/16/10--01011--008 **35.00

ZOID SEP 22 P 1: 1:
SECRETARY OF STATE

Amend News 9-22-10

COVER LETTER

	,
TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	- Subs INC
DOCUMENT NUMBER: 410ACCC	19721
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
128 Elysium Royal Palm Beach City/State Harrell Anthony Be	arrell - President Treasurer Secretary Longary Address A Pl 3341/ Le and Zip Code El South. NET
Name of Contact Person	e call: at (<u>501</u>) <u>346 - 3773</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made passes \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	3\$43.75 Filing Fee & Status Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Callahassee, FL 32301



September 7, 2010

ANTHONY HARRELL (2ND MAILING DIFFERENT ADDRESS)
128 ELYSIUM DRIVE
ROYAL PALM BEACH, FL 33411

SUBJECT: A & C SUBS INC Ref. Number: P08000084732

We have received your document for A & C SUBS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 410A00019721





August 17, 2010

ANTHONY HARRELL 4509 PGA BLVD PALM BEACH GARDENS, FL 33418

SUBJECT: A & C SUBS INC Ref. Number: P08000084732

We have received your document for A & C SUBS INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 410A00019721

Articles of Amendment

to

Articles of Incorporation

of

FILED

A+C S	ubs Inc		-
(Name of Corporation as curre	ently filed with the Florida	Dept. of State) 2010 SEP 22	P 1: 12
DARMON 84720)	SECRETARY)
(Document Num	nber of Corporation (if know	SECRETARY (TALLAHASSEE,	FLORIDA
(Document Num	niber of Corporation (if know	(11)	LONIDA
Pursuant to the provisions of section 607.1000 amendment(s) to its Articles of Incorporation:	6, Florida Statutes, this Flo	orida Profit Corporation adopts	the following
A. If amending name, enter the new name of	f the corporation:		
		TV	ie new
name must be distinguishable and contain in abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "pro	designation "Corp," "Inc,	" or "Co". A professional corpo	
B. Enter new principal office address, if app	licable:		
Principal office address <u>MUST BE A STREE</u>			
C. Enter new mailing address, if applicables			
(Mailing address <u>MAY BE A POST OFFI</u>	<u>CE BOX</u>)		
•			
D. If amending the registered agent and/or r	rogistored affice address in	Florida antor the name of the	
new registered agent and/or the new regis		riorida, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address:	(Florida street ac	Idress)	
	(City)	, Florida (Zip Code)	_
	(Cny)	(Zip Code)	
New Registered Agent's Signature, if changi			
I hereby accept the appointment as registered a	igent. I am familiar with an	nd accept the obligations of the po	sition.
	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)

Title		Name	Address	Type of Action
Nb	S,	awanda farreil	128 Elysium Drive	
			Koyal Falm Beach Florida 3341	Remove
				□ Add
				Remove
				□ Add
				Remove
				•
		or adding additional Articles, enter		
(attach	additi	ional sheets, if necessary). (Be specif	îc)	
	·			
F. Ifan	amen	dment provides for an exchange, recl	assification, or cancellation of iss	ued shares.
prov	isions	for implementing the amendment if repplicable, indicate N/A)		
(, nor a	ppneuote, mateure 1471)		
			•	
	i.			

	(
The date of each amendment(s) adoption	
Effective date <u>if applicable</u> :	(date of adoption is réquired)
(no more ti	han 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were adopted b by the shareholders was/were sufficient	y the shareholders. The number of votes cast for the amendment(s) t for approval.
	by the shareholders through voting groups. The following statement of the 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 grow	<u>ир)</u> ."
The amendment(s) was/were adopted b action was not required.	y the board of directors without shareholder action and shareholder
The amendment(s) was/were adopted b action was not required.	y the incorporators without shareholder action and shareholder
Dated 9 16	2010
selected, by an i	president or other officer – if directors or officers have not been incorporator – if in the hands of a receiver, trustee, or other court iary by that fiduciary)
An	thony Harrell
Pré	(Typed or printed name of person signing)
(T	itle of person signing)