

P08000084981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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11/26/08--01013--011 **35.00

FILED

2008 DEC 31 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amend

TB

1-6-09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Absolute Recovery Services, Inc

DOCUMENT NUMBER: P080000 84981

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

Please return all correspondence concerning this matter to the following:

Sherry Charlton
(Name of Contact Person)

Absolute Recovery Services, Inc
(Firm/ Company)

202 CYPRESS LANE
(Address)

LUTZ, FLORIDA 33548
(City/ State and Zip Code)

For further information concerning this matter, please call:

Sherry Charlton at (813) 948-4849
(Name of Contact Person) (Area Code & 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

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

December 4, 2008

SHERRY CHARLIN
ABSOLUTE RECOVERY SERVICES, INC
202 CYPRESS LANE
LUTZ, FL 33548

SUBJECT: ABSOLUTE RECOVERY SERVICES, INC
Ref. Number: P08000084981

We have received your document for ABSOLUTE RECOVERY SERVICES, 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):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 608A00059172

RECEIVED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

2008 DEC 31 AM 8:00

Articles of Amendment
to
Articles of Incorporation
of

Absolute Recovery Services, Inc

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

P08000084981

(Document Number of Corporation (if known))

FILED
2008 DEC 31 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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:

New Registered Office Address:

_____ (Florida street address)

_____, Florida
(City) (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.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Pres	Sherry L. CHARLTON	20831 Sienna Lakes Rd Land O Lakes, FL 34639	☒ Add ☐ Remove
Sec/Tre	HW CHARLTON	20831 Sienna Lakes Rd Land O Lakes, FL 34639	☒ Add ☐ Remove
			☐ Add ☐ 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: 11-20-08

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 11-20-08

Signature Sherry L. Charltan
(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)

Sherry L. Charltan
(Typed or printed name of person signing)

President
(Title of person signing)