## P08000098404

(Requestor's Name)
(Address)
(Address)
. (City/State/Zip/Phone #)
. , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

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SUBJECT: Bland	ne E. Taylor, Inc.
DOCUMENT NUMBER:	(Name of Corporation) P0800009841041
The enclosed Articles of Correction and	
Please return all correspondence concern	·
(Name of Contact Person)	
(Name of Contact Person)  Amy B. Whitmarsh, C.I.	
432 W. New York Ave,  Delando Harida 3.	
To provide some and the finding season of the season of th	5,20
(Address)	
(Oir Mints and Tim Ords)	
(City/State and Zip Code)  For further information concerning this r	natter please call:
<del>-</del>	-
Amy Whitmorsh	at (386) 73-1-1219 (Area Code & Daytime Telephone Number)
(Name of Confact Person)	(Alea Code & Dayunie Telephone Number)
Enclosed is a check for the following am	iount:
▼\$35.00 Filing Fee	\$43.75 Filing Fee & Certificate of State
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status Certified Copy
Mailing Address:	Street Address:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

30.5 Gabes



January 7, 2009

AMY B. WHITMARSH, C.P.A., P.A. 432 W. NEW YORK AVENUE SUITE A DELAND, FL 32720

SUBJECT: BLAINE E. TAYLOR, INC

Ref. Number: P08000098404

We have received your document for BLAINE E. TAYLOR, INC 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):

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.

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: 409A00000374

SECRETARY OF STATE
TALL AHASSEE, FLORIOA

00:8 MA 65 NAL 800S

RECEIVED

## **Articles of Amendment**

lu lu		
Articles of Incorpor	ration	
of		. 6 5
Blaine E	. Taylor,	Internal to
(Name of Corporation as currently filed with t	he Florida Dept. of Sta	te) Po
P0800W	19404	
(Document Number of Corporati	on (if known)	E. E.
Pursuant to the provisions of section 607.1006, Florida Statut following amendment(s) to its Articles of Incorporation:	tes, this <i>Florida Profit</i>	Corporation adopts (1)
A. If amending name, enter the new name of the corporation	n <u>:</u>	·
Blane E.		elding. Inc.
The new name must be distinguishable and contain the "incorporated" or the abbreviation "Corp.," "Inc.," or Co., "Co". A professional corporation name must contain association," or the abbreviation "P.A."	word "corporation," ," or the designation "(	"company," or Corp," "Inc," or
	al 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)	n 1/4	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		er the name of the
Name of New Registered Agent:	n'A	<del>-</del> .
New Registered Office Address: (Flori	da street address)	_
	NIK	_, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A	gent:	

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NIV

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 <u>Name</u> Address Type of Action ■ Add ☐ Remove ☐ Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) MA 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) ad	Jantion: 16/3/08
Effective date if applicable:	10/3//03
(no	more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statemer each voting group entitled to vote separately on the amendment(s):
"The number of votes cast f	or the amendment(s) was/were sufficient for approval
by(voti	ng group)
The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder
Dated	1/26/08 Amour
(By a dir selected,	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)
	(Typed or printed name of person signing).
	(1 yped or printed name of person signing).
	(Title of person signing)