PO 4000001724

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	•
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	, , , , , , , , , , , , , , , , , , , ,
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01/23/12--01007--007 **35.00



C.COULLIETTE

JAN 2 4 2012

EXAMINER

COVER LETTER

Division of Corporations FOREYER SPARKLING EVENTS, INC. The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VALERIE I FRANCIS - STEPLING
Name of Contact Person SPARKLING EVENTS.,
Firm/Company Valerie trancisstering @YA Hoo. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee □\$43.75 Filing Fee & **□\$43.75** Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy enclosed) is enclosed) Mailing Address **Street Address**

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO: Amendment Section

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation of

FOREVER SOARKLING EVENTS	S. INC.		
(Name of Corporation as currently filed with the			
P09000001724			
(Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following	ng amendi	ment(s) to
A. If amending name, enter the new name of the corporation:			•
Fusion Events D	DESIGN, INC.	The ne	ew
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	on," "company," or "incorporated" or the c "Co". A professional corporation name must	abbreviati	on
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	- .	
(* randpur office dames <u>moos para bertages rabbitess)</u>			. 212.
		_ 7 _	35E
C. Enter new mailing address, if applicable:		2	XX OH
(Mailing address MAY BE A POST OFFICE BOX)	NA	_ 23	TRANS
•			32B
		ö	
		- 36	
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address			
Name of New Registered Agent NA	 _		
	·		
(Florida str	reet address)		
New Registered Office Address: (City)	, Florida,	-	
(Cily)	(Zip Code)		
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent. I am familiar	wun ana accept the obligations of the position.		
Signature of New Registered A	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	1 Doe	
X Remove	<u>V</u> <u>Mike</u>	e Jones	
X Add	<u>SV</u> Sally	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change Add Remove		NA	
2) Change Add Remove			
3) Change 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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f an amendment provides for an exch	ange, reclassification	n, or cancellation of issued shares.	
f an amendment provides for an exch provisions for implementing the amer (if not applicable, indicate N/A)	ndment if not conta	ned in the amendment itself:	
(g q.p	NA		
		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>		
	<u> </u>		
			
			

The date of each amendment(s) adoption:
Effective date if applicable: 01/01/12 (no more than 90 days after amendment file date)
(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)
(voling 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
Signature Valleril Francis-Styling
(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)
VALERIE FRANCIS-SterLING
(Typed or printed name of person signing)
PRESIDENT
(Title of person signing)