

PO 90001134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1-22-10



200163966552

01/07/10--01008--024 **35.00

Handwritten signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JAN 22 PM 4:11

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2010

PAULA SHORE
PRINTERS INK OF FLORIDA, INC.
82 MILDRED DRIVE
FT. MYERS, FL 33901

SUBJECT: PRINTERS INK OF FLORIDA, INC.
Ref. Number: P09000011134

We have received your document for PRINTERS INK OF FLORIDA, 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.

YOU MAY ALSO ADD OFFICER ON YOUR 2010 ANNUAL REPORT THAT IS DUE NOW ON LIEN WITH A CREDIT CARD FILING FEE IS \$150.00

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) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 710A00000770

*original check #28381 for \$35.00
not returned with paper work.
Kept by State*

RECEIVED
2010 JAN 22 AM 9:00
STATE SECRETARY
TALLAHASSEE
FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRINTERS INK OF FLORIDA, INC.
Name of Corporation

DOCUMENT NUMBER: PD9000011134

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA SHORE

Name of Contact Person

PRINTERS INK OF FLORIDA, INC.

Firm/Company

82 MILDRED DRIVE

Address

FORT MYERS, FLORIDA 33901

City/State and Zip Code

PSSHORE@PRINTERSINK.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA J. GALLMAN

Name of Contact Person

at (239)

Area Code & Daytime Telephone Number

936-8403 ext 303

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

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

FILED
2010 JAN 22 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Document Number of Corporation (if known))

A. If amending name, enter the new name of the corporation:

B. Enter new principal office address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Name of New Registered Agent:

(Florida street address)

_____, Florida _____
(City) (Zip Code)

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>
V	BARRY J. SHORE	9189 COACH HOUSE LN ESTERO, FL. 33428	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> 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: 1-6-2010
(date of adoption is required)

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 1-6-2010

Signature Paula S. Shore, Pres
(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)

PAULA S. SHORE
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)