

PD9000032903

(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



200163359272

200163359272  
12/15/09--01035--008 \*\*52.50

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JAN -6 PM 4:20

Amend/CC  
CUB  
Ca 1/6/10

January 1, 2010

AMENDMENT SECTION  
DIVISION OF CORPORATIONS  
CLIFTON BLDG.  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: DOCUMENT P09000032903

The amendment documents were sent to your office in December 2009 and check # 1248 for \$52.50 was cashed on 12/16/09 (see attached). However, due to the dissolution papers filed by Ms. Gill, the amendment papers were not processed. I have since filed revocation papers and the company is now active. Please process the enclosed amendment documents. Please apply check #1248 for \$52.50 as payment. Please contact me, should you have any questions.

Thank you for your immediate attention to this matter.

Respectfully yours,

A handwritten signature in black ink, reading "Kristina L. Campbell". The signature is fluid and cursive, with the first name "Kristina" and last name "Campbell" clearly legible.

Kristina L. Campbell



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 22, 2009

KRISTINA L. CAMPBELL  
4 ALL SEASONS, INC  
10719 LAKE RALPH DRIVE  
CLERMONT, FL 34711

SUBJECT: 4 ALL SEASONS, INC  
Ref. Number: P09000032903

We have received your document for 4 ALL SEASONS, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

This corporation was voluntarily dissolved on 12/09/2009. If you wish to revoke the dissolution please submit the enclosed form along with the filed articles of dissolution.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 909A00038807

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** 4 ALL SEASONS INC.

**DOCUMENT NUMBER:** P09000032903

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

Please return all correspondence concerning this matter to the following:

KRISTINA L CAMPBELL

Name of Contact Person

4 ALL SEASONS INC.

Firm/ Company

10719 LAKE RALPH DRIVE

Address

CLERMONT, FL 34711

City/ State and Zip Code

KLSCAMPBELL777@GMAIL.COM

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

For further information concerning this matter, please call:

KRISTINA L CAMPBELL

Name of Contact Person

at ( 352 )

217.3743

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

Articles of Amendment  
to  
Articles of Incorporation  
of

4 ALL SEASONS INC.

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

P09000032903

(Document Number of Corporation (if known))

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 JAN -6 PM 4:20

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**)

171 LONGVIEW AVENUE

CELEBRATION, FL 34747-5037

**C. Enter new mailing address, if applicable:**  
(Mailing address **MAY BE A POST OFFICE BOX**)

P.O.B. 470511

CELEBRATION, FL 34747-0511

**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:

GARRISON S. STEVENS

New Registered Office Address:

171 LONGVIEW AVENUE

(Florida street address)

CELEBRATION, Florida 34747-5037  
(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>
<u>D</u>	<u>GILL, MELINDA J</u>	<u>1052 LINDEN STREET</u> <u>CLERMONT, FL 34711</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PD</u>	<u>STEVENS, GARRISON</u>	<u>171 LONGVIEW AVE</u> <u>CELEBRATION, FL 34747</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<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)*

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**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)*

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The date of each amendment(s) adoption: OCTOBER 12, 2009

(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

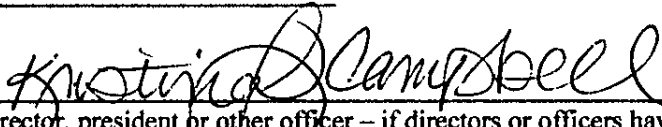
by \_\_\_\_\_."  
(voting group)

☐ 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 JANUARY 1, 2010

Signature

  
(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)

KRISTINA L CAMPBELL

(Typed or printed name of person signing)

INCORPORATOR/DST

(Title of person signing)