P09000094129

(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



400181606774

06/04/10--01007--019 **35.00

2010 JUL - I PHIZ: 22
SECRETARY OF STATE AND A MASSEF. FLORIDA

NC



COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Call B	Parney Inc
DOCUMENT NUMBER: PO 9000	094129
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
Barney San	Contact Person
Call Barne	Company
1330 Monarch	Millane ddress
The Villages City/State	FC 32162 e and Zip Code
Cornice Central E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this matter, please	call:
Barney Saunders a	t (352) 461-42 0 5 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:
S35 Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & S52.50 Filing Fee Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)
Amendment Section A Division of Corporations D P.O. Box 6327 C	treet Address mendment Section ivision of Corporations lifton Building 661 Executive Center Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2010

BARNET SAUNDERS CALL BARNEY, INC. 1330 MONARCH MILL LANE THE VILLAGES, FL 32162

🕏 ز، ع

SUBJECT: CALL BARNEY, INC. Ref. Number: P09000094129

We have received your document for CALL BARNEY, 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):

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 810A00014197

Articles of Amendment to

Art	icles of Incor	poration		2.	~//
,	of			<810.	III ED
Call Barne,	1. Inc	<u> </u>		TASECO.	WILED PARES
(Name of Corporation as current)	y filed with the	Florida Dep	t. of Sta	te) LAHA	ARL PAR
P09000	09412	9		7,	SEE OF ST.
(Document Number			•		LORIE
ursuant to the provisions of section 607.1006, F mendment(s) to its Articles of Incorporation:	lorida Statutes	, this <i>Florida</i>	Profit (Corporation	adopts the following
. If amending name, enter the new name of the			1		
Cornice Central ame must be distinguishable and contain the	Inc.				The new
ame must be distinguishable and contain the bbreviation "Corp.," "Inc.," or Co.," or the des ame must contain the word "chartered," "profess	ignation "Cor	o," "Inc," or	"Co". A	4 profession	rated or the al corporation
Enter new principal office address, if applica Principal office address <u>MUST BE A STREET A</u>			<u>.</u>		 ,
	-				
	_				
. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)				
	-				
. If amending the registered agent and/or regis	stered office ac	ldress in Flor	ida, ente	er the name	of the
new registered agent and/or the new register					
Name of New Registered Agent:					
			•	_	
New Registered Office Address:	(Florida	street addres.	s) _	_	
			1	Florida	
	(City)		. (Zip	_, Florida Code)	
ew Registered Agent's Signature, if changing F	Pagistarod Ago	ntı			
hereby accept the appointment as registered agen			ept the c	obligations o	f the position.
	-		=	-	
Sign	ature of New Ro	paistered Agen	t if cha	noino	

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>	Type of Action
·			☐ Add☐ Remove
			Add Remove
	ding or adding additional Article		
(attach d	additional sheets, if necessary). (I	Be specific)	
 		•	<u> </u>
····	<u>,,</u>		
provis	mendment provides for an exchaing the amending the amendi		
			·
		·	

The date of each amendment(s	
Effective date if applicable:	(date of adoption is required)
((no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.
• •	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):
"The number of votes ca	st for the amendment(s) was/were sufficient for approval
by	27
(1	voting group)
action was not required.	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder
action was not required.	
Dated6	-24-10 M-S
Signature (By a select	director, president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court
appoi	nted fiduciary by that fiduciary)
	(Typed or printegrame of person signing)
	(Typed or printes name of person signing)
	President
	(Title of person signing)