

P100000020114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

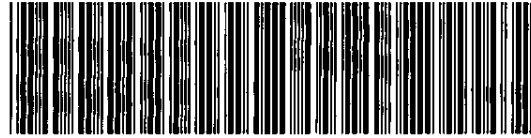
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Amend

FILED
10 DEC 23 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 29 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2010

ANGELEATIA CARTER
AS YOUR BOOKED BAIL BONDS INC
2719 NW 6TH STREET
FORT LAUDERDALE, FL 33311

SUBJECT: AS YOUR BOOKED BAIL BONDS INC.
Ref. Number: P10000020114

We have received your document for AS YOUR BOOKED BAIL BONDS 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 010A00027280



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2010

ANGELEATIA CARTER
AS YOUR BOOKED BAIL BONDS INC.
2719 NW 6TH STREET
FORT LAUDERDALE, FL 33311

SUBJECT: AS YOUR BOOKED BAIL BONDS INC.
Ref. Number: P10000020114

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 010A00026261

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: AS YOUR BOOKED BAIL BONDS INC

DOCUMENT NUMBER: P10000020114

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

Please return all correspondence concerning this matter to the following:

ANGELEATIA CARTER

Name of Contact Person

AS YOUR BOOKED BAIL BONDS INC

Firm/ Company

2719 NW 6TH STREET

Address

FORT LAUDERDALE, FLORIDA 33311

City/ State and Zip Code

ASYOURBOOKEDBAILBONDS@HOTMAIL.COM

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

For further information concerning this matter, please call:

ANGELEATIA CARTER

Name of Contact Person

at (954)

446-5126

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

RECEIVED
10 DEC 23 AM 10: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

AS YOUR BOOKED BAIL BONDS INC.

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

P10000020114

(Document Number of Corporation (if known))

FILED
10 DEC 23 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

NO

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)

2719 NW 6TH STREET

FORT LAUDERDALE

FLORIDA 33311

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2719 NW 6TH STREET

FORT LAUDERDALE

FLORIDA 33311

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:

N/A

New Registered Office Address:

2719 NW 6TH STREET

(Florida street address)

FORT LAUDERDALE

(City)

Florida 33311

(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> |
|--------------|-----------------------|---|--|
| President | N/A Angeleafia Carter | 331 N.W. 27th Ave unit D Fort Lauderdale FL 33311 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| President | Angeleafia Carter | 2719 N.W. 27th Ave Fort Lauderdale Florida 33311 | <input checked="" 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)

N/A

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)

N/A

The date of each amendment(s) adoption: N/A November 1, 2010
(date of adoption is required)
Effective date if applicable: N/A
(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 December 21, 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)

Angeleatia Carter

(Typed or printed name of person signing)

President

(Title of person signing)