

P10000040794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

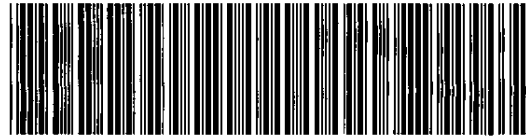
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500184526695

08/20/10--01051--012 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 20 PM 1:00

Amend
C.COULLIETTE

AUG 23 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CLAUSSEN SERVICES CORP.

DOCUMENT NUMBER: P10000040794

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

Please return all correspondence concerning this matter to the following:

DAVID W CLAUSSEN.

Name of Contact Person

CLAUSSEN SERVICES CORP.

Firm/ Company

1770 N.E 191ST. APT 317

Address

MIAMI / FLORIDA 33179

City/ State and Zip Code

CLAUSSENSERVICE@gmail.com

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

For further information concerning this matter, please call:

DAVID CLAUSSEN

Name of Contact Person

at (954) 358-7341

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

CLAUSSEN SERVICES CORP.

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

P10000040794

(Document Number of Corporation (if known))

FILED
SECRETARY OF CORPORATIONS
10 AUG 20 PM 1:00

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)

1770 N.E. 191ST APT 317

Miami FL 33179

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1770 N.E. 191ST APT 317

Miami FL 33179

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:

DAVID CLAUSSEN.

New Registered Office Address:

1770 N.E. 191ST #317

(Florida street address)

Miami

(City)

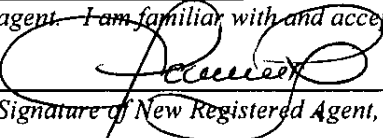
, Florida

33179

(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>
P.	DAVID CLAUSSEN	1770 N.E 191 ST. #317 MIAMI FL 33179	<input checked="" type="checkbox"/> Add <input 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)

ARTICLE VII

The initial officer(s) and/or director(s) of The corporation is:

Title : President

DAVID CLAUSSEN

1770 N.E 191 ST APT 317

MIAMI FLORIDA 33179

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: 06-03-2010

Effective date if applicable: (date of adoption is required)
08-10-2010
(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 08-16-2010

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)

DAVID CLAUSSEN

(Typed or printed name of person signing)

PRESIDENT -

(Title of person signing)