# P10000055598

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PiCK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
AND SECRETARY OF STATE

Amend

TB

SEP. 24 2010.

## **COVER LETTER**

Division of Corp		*	
NAME OF CORPO	RATION: ARK	QUITTERS OF CENT	TRAL Florida, 1.
DOCUMENT NUM	BER: _	***************************************	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles	of Amendment and fee a	are submitted for filing.	
Please return all corre	spondence concerning th	is matter to the following:	
	MAXIMO PE	Name of Contact Person	
	ARK GUTTERS O	OF CENTRAL Flore, C Firm/Company	la, inc
<u>3</u>	848 HAVERA	Address	
: <u>L</u>	AKELAND F	City/ State and Zip Code	······································
141	AX 5/963 6 / E-mail address: (to be use	HoTMAIL, COM ed for future annual report notification)	<del></del>
For further information	n concerning this matter,	please call:	
MAX IMO Name of	PETERS Contact Person	at ( <u>\$63</u> ) <u>5/0 -</u> Area Code & Daytime Tel	
Enclosed is a check for	or the following amount r	nade payable to the Florida Depar	tment 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 Addu	000	Stunet Address	

### 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



September 15, 2010

MAXIMO PETERS ARK GUTTERS OF CENTRAL FLORIDA, INC. 3848 HAVERHILL DR LAKELAND, FL 33810

SUBJECT: ARK GUTTERS OF CENTRAL FLORIDA, INC.

Ref. Number: P10000055598

We have received your document for ARK GUTTERS OF CENTRAL FLORIDA, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the title(s) of each officer in your document.

The date of adoption of each amendment must be included in the document.

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.

Letter Number: 110A00022010

Teresa Brown Regulatory Specialist II

www.sunbiz.org

# **Articles of Amendment** to Articles of Incorporation of

ARK G	UTTERS	OF CENTIL s currently filed w	PAL Flor	zida.	inc.
(Name o	f Corporation a	s currently filed w	ith the Florida	Dept. of S	<u>State</u> )
P102	00005	5598		<del></del>	<u>,</u>

100

Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	,
A. If amending name, enter the new name of the corporation	n <u>:</u>
	The new
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "C name must contain the word "chartered," "professional associ	orp," "Inc," or "Co". A professional corporation
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3848 HAVERHILL DR. LAKELAND, Fl.
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	address in Florida, enter the name of the
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 ad	dress:
Name of New Registered Agent:	
New Registered Office Address: (Flor	ida street address)
	, Florida
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	
Signature of Nov	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: (Attack additional sheets, if necessary)

<u>Title</u>	<u>Name</u>	(SON) 10 PETERS	Address	Type of Action
VP	MAXIM	10 PETERS	3848 HAVERHA LAKELAND FO 33810	Add Remove
		<del></del>		☐ Add ☐ Remove
		additional Articles, et , if necessary). (Be s		
	<del>, , , , , , , , , , , , , , , , , , , </del>			
		· · · · · · · · · · · · · · · · · · ·		
	······			
*****				
provis		enting the amendmen	, reclassification, or cancellation at if not contained in the amend	
			**	

The date of each amendment(	s) adoption: $9/8//0$
	(date of adoption is required)
Effective date if applicable:	(no more than 90 days after amendment file date)
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were by the shareholders was/were	e adopted by the shareholders. The number of votes cast for the amendment(s) re sufficient for approval.
	e 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 of	ast for the amendment(s) was/were sufficient for approval
by	" (voting group)
The amendment(s) was/were action was not required.	e adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	e adopted by the incorporators without shareholder action and shareholder
Dated9	19/10
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Maximo PETERS (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)