# P10000091457

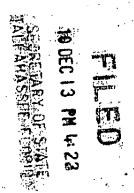
(Re	equestor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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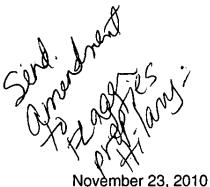


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MC Emend. 12-15-10





MELISSA BUCHANAN ASSET CONTACTING SERVICES, INC. 12808 FERNBANK LANE JACKSONVILLE, FL 32223

SUBJECT: ASSET CONTACTING SERVICES, INC.

Ref. Number: P10000091457

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

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) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 910A00027490

RECEIVED

10 DEC 13 AM 8: 01

SECRETARY DESTATE
SECRETARY DESTATE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF COR	TE OF CORPORATION: Asset Contacting Services, Inc.  CUMENT NUMBER: P10000091457		
DOCUMENT NU			
The enclosed Artic	cles of Amendment and fee a	re submitted for filing.	
Please return all co	orrespondence concerning this	s matter to the following:	
		lelissa Buchanan	
	Ni	ame of Contact Person	
	Asset Contracting Services, Inc.		<del></del>
		Firm/ Company	
	128	308 Fernbank Lane	
	•	Address	
-		ksonville, FL 32223	
	Ci	ty/ State and Zip Code .	
	pa@assetdev E-mail address: (to be used	relopmentpartners.com	·
For further inform	ation concerning this matter,	please call:	
M	elissa Buchanan	at ( 904) 26	60 2666
Name	of Contact Person	Area Code & Daytime Tele	phone Number
Enclosed is a chec	k for the following amount m	ade payable to the Florida Depart	ment 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)
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	<b>.</b>
		Tallahassee, FL 32301	

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

# Asset Contacting Services, Inc.

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

### P10000091457

(Document Number of Corporate	ion (if known)	
Pursuant to the provisions of section 607.1006, Florida Statu amendment(s) to its Articles of Incorporation:	tes, this Florida Profit Corporation adopts the follo	
A. If amending name, enter the new name of the corporation	on:	
Asset Contracting Service	es, inc.  The new	
name must be distinguishable and contain the word "corpabbreviation "Corp.," "Inc.," or Co.," or the designation "Coname must contain the word "chartered," "professional associ	orp," "Inc," or "Co". A professional corporation	
B. Enter new principal office address, if applicable:	12808 Fernbank Lane	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	Jacksonville, FL 32223	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 56994	
	Jacksonville, FL 32241	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad  Name of New Registered Agent:	e address in Florida, enter the name of the dress:	
New Registered Office Address: (Flor	ida street address)	
<del></del>	, 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 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) Titlè <u>Name</u> **Type of Action** <u>Address</u> ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

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)			
_				
_				
_				

The date of each amendment(s	
Effective date if applicable:	(date of adoption is required)
Effective date <u>if applicable</u> .	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	"
. (1	voting group)
The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	11/15/2010
Signature	
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 nted fiduciary by that fiduciary)
	Melissa Buchana (Typed or printed name of person signing)
	(1yped or printed name of person signing)
	President
	(Title of person signing)