P110000000874

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations Newspape	er Sales Inc	
NAME OF CORPORATION:		
NAME OF CORPORATION:		······································
DOCUMENT NUMBER:	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee are su	ibmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Newspaper Sa	esan necontact Person	n
PO Box 485	Firm/ Company	
Goodlettsville,	TN 37070	
nsanashville@aol	City/ State and Zip Cod.COM	
For further information concerning this matter, please	se call:	
Tammy Cox		300-4631
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 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	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2012

TAMMY COX NEWSPAPER SALES INC. PO BOX 485 GOODLETTSVILLE, TN 37070

SUBJECT: NEWSPAPER SALES INC.

Ref. Number: P11000000874

We have received your document for NEWSPAPER SALES 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is M08000004515 - NEWSPAPER SALES ASSOCIATES, LLC.

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) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 012A00024921



NEWSPAPER SALES ASSOCIATES LLC Building America's Newspapers Through Door Crews, Kiosk and Telemarketing PO Box 485 Goodlettsville, TN 37070 615-851-8978 Fax

November 1, 2012

To Florida Dept of State PO Box 6327 Tallahassee, Florida 32314

Attached is a copy of the letter I received in reference to a name change.

I am both companies, I went from Newspaper Sales Associates LLC to a S Corp Newspaper Sales Inc., I couldn't keep the same name because I had it as the LLC. Newspaper Sales Associates LLC has a different tax ID number and Ref Number M08000004515 as Newspaper Sale Inc. Ref Number P11000000874 I have no intentions of reinstating Newspaper Sales Associates LLC the company has been dissolved. I wish to have Newspaper Sales Associates Inc. for the S Corp Ref P11000000874.

I called the office and spoke with a very nice lady who ask me to write a letter stating the Newspaper Sales Associates LLC has no intentions of reinstating and that I am both companies and then they could grant me the names change Hench the reason for this letter.

Singerely

Thomas W Cox Jr

President

Newspaper Sales Inc

Articles of Amendment to Articles of Incorporation of

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12 NOV -5 PM 2:51
~~5 <i>j</i> :

1000000874		·	
(Name of Corporation as currently	filed with the Florida Dep	ot. of State)	
(Document Number of	of Corporation (if known)		
ursuant to the provisions of section 607.1006, Florida. Articles of Incorporation:	da Statutes, this <i>Florida Pr</i>	rofit Corporation adopts the follow	wing amendme
wspaper Sales Associat	<u>es.Inc</u>		
			The new
me must be distinguishable and contain the wo Corp.," "Inc.," or Co.," or the designation "Corpord "chartered," "professional association," or the	p," "Inc," or "Co". A pi e abbreviation "P.A."		
Enter new principal office address, if applicable Enter new principal office address <u>MUST BE A STREET AD</u>			 .
			
Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE B</u>	<u>ox</u>)		w.
			
			·
If amending the registered agent and/or registered new registered agent and/or the new registered		rida, enter the name of the	
	a office address.		
Name of New Registered Agent			
- , , -	(Florida street address))	
New Registered Office Address:		, Florida	
	(City)	(Zip Code)	
ew Registered Agent's Signature, if changing Reserved accept the appointment as registered agent.		ecept the obligations of the position	n.

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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>ne</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change				
Ađd				
Remove				
4) Change				
Add		_		
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5) Change				
Add		 -		
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Remove				
6) Change		_		
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ın :	mendment p	rovides for an e	xchange, rec	assification,	or cancellatio	n of issued sh	ares,
ov (isions for imp	lementing the a	mendment if	not containe	d in the amen	dment itself:	
`	y nor applicat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
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10/01/2012

10-1-2012
The date of each amendment(s) adoption:
Effective date if applicable: (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/01/2012
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) Tammy J Cox
(Typed or printed name of person signing) (Title of person signing) (Typed or printed name of person signing)