

P110000007340



400200646024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

04/11/11--01006--019 **25.00

04/11/11--01006--018 **25.00

11 APR 25 AM 9:33

RECEIVED

Special Instructions to Filing Officer:

REC 4/25
Jasmine Roath
gave permission
to add titles
for old & new

Office Use Only

Correct Zipcode:

DC
4/27/11

Amend.

04/27/11

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2011

SYED H. SHAH, M.D.
NICH I ENTERPRISES, INC.
1151 BLACKWOOD AVENUE, SUITE 170
OCOOEE, FL 34761

SUBJECT: NICH I ENTERPRISES, INC.
Ref. Number: P11000007340

We have received your document for NICH I ENTERPRISES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 411A00009246

RECEIVED

11 APR 25 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 15, 2011

SYED H. SHAH, M.D.
NICH I ENTERPRISES, INC.
1151 BLACKWOOD AVENUE, SUITE 170
OCOE E, FL 34761

SUBJECT: NICH I ENTERPRISES, INC.
Ref. Number: P11000007340

We have received your document for NICH I ENTERPRISES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

Please list the current agent in #5 as it is on the enclosed print-out.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 311A00009255

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: NICHI ENTERPRISES, INC.

DOCUMENT NUMBER: P11000007340

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

Please return all correspondence concerning this matter to the following:

SYED H. SHAH, M.D.

Name of Contact Person

NICHI ENTERPRISES, INC.

Firm/ Company

1151 BLACKWOOD AVE., SUITE 170

Address

OCOE, FL 34761

City/ State and Zip Code

CENTRALFLORIDAPISM@GMAIL.COM

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

For further information concerning this matter, please call:

JASMINE ROACH

Name of Contact Person

at (407)

347-8339

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

NICHI ENTERPRISES, INC.

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

P11000007340

(Document Number of Corporation (if known))

11 APR 25 AM 9:33
FILED

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**)

1151 BLACKWOOD AVE.

SUITE 170

OCOE, FL 34761

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

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:

SYED H. SHAH, M.D.

New Registered Office Address:

1151 BLACKWOOD AVE. #170

(Florida street address)

OCOE

(City)

, Florida 34761

(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 Registered Agent

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>
<u>VTs</u>	<u>IGOR NICHIPORENKO, MD</u>	<u>1151 BLACKWOOD AVE.</u> <u>STE. 170</u> <u>OCOE, FL 34761</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove CHANGE
<u>P</u>	<u>SYED H. SHAH, MD</u>	<u>1151 BLACKWOOD AVE.</u> <u>STE. 170</u> <u>OCOE, FL 34761</u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove CHANGE
<u> </u>	<u> </u>	<u> </u> <u> </u> <u> </u>	<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)

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) adoption: 04/21/11
(date of adoption is required)

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):*

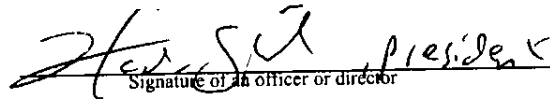
"The number of votes cast for the amendment(s) was/were sufficient for approval

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.

Dated 04/21/11


Signature of an officer or director

SYED H. SHAH

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)