# 1100001138/

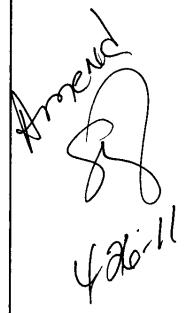
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



100202949541

04/25/11--01021--006 \*\*43.75





#### **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BLUE BARON PROFESSIONAL CARPET & TILE SE			
DOCUMENT NUMB	ER: P11000011381		
	of Amendment and fee are subm	itted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	KAREN	A. KRICK	
	(Name of C	ontact Person)	
	THE PAPE	R CHASE, INC	
<del></del> -	(Firm/	Company)	
	3756 S. SPRIN	IGBREEZE WAY	
	(Ad	dress)	<del></del>
	HOMOSAS	SA, FL. 34448	
		and Zip Code)	
	LL-:-1.4000	@h	
	E-mail address: (to be used	@yahoo.com for future annual report notil	ication)
For further information	concerning this matter, please of	all:	
MARK A CERTAIN	<u> </u>	at ( 352 ) 697-10 (Area Code & Day	698
(Name o	f Contact Person)	(Area Code & Day	time Telephone Number)
Enclosed is a check for	the following amount made pay	able to the Florida Departm	ent of State:
□\$35 Filing Fee	\$2 \$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)
	<u> Address</u>	Street Address	,
Amendment Section		Amendment Section	
Division of Corporations		Division of Corpora	itions
			nter Circle
P.O. Bo		Clifton Building 2661 Executive Cer	

Tallahassee, FL 32301

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

### BLUE BARON PROFESSIONAL CARPET & TILE CLEANING SERVICE, THEC.

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

P11000011381			
(Document Number of Corporate	ion (if known)		
Pursuant to the provisions of section 607.1006, Florida Statut amendment(s) to its Articles of Incorporation:	es, this <i>Florida Profit Corp</i>	oration adopts th	c following
A. If amending name, enter the new name of the corporation	<u>n:</u>		
			new'
name must be distinguishable and contain the word "corp abbreviation "Corp.," "Inc.," or Co.," or the designation "Co name must contain the word "chartered," "professional associa	orp," "Inc," or "Co". A pi	ofessional corpor	r the ation
B. Enter new principal office address, if applicable:	3106 E GRAPELEAF L	N State	2:
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	INVERNESS, FL. 3445	52	
		( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
C. Enter new mailing address, if applicable:			
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	3106 E GRAPELEAF L	N FARE TANK THE TANK	i iii
	INVERNESS, FL. 3445	2	N N
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ado		e name of the	
	iress:		
Name of New Registered Agent:	<u> </u>		
New Registered Office Address: (Flori	da street address)		
	, FI	orida	
(City)	(Zip Cod	le)	
New Registered Agent's Signature, if changing Registered A			
hereby accept the appointment as registered agent. I am famil	tiar with and accept the oblig	ations of the posit	ion.
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>	Type of Action
<u> </u>	MARK CERTAIN	3106 E GRAPELEAF LN INVERNESS, FL. 34452	☐ Add☐ Remove
P	LINDA F NEWMAN	101 CHINABERRY CIR HOMOSASSA, FL. 3446-4252	☐ Add ☐ Remove
<del></del>			Add Remove
	ling or adding additional Articles, of ditional sheets, if necessary). (Be		
<u>provisio</u>		e, reclassification, or cancellation of issent if not contained in the amendment i	
<u></u>			

The date of each amendmen	t(s) adoption: 03/18/2011
Effective date if applicable:	(date of adoption is required) 03/21/2011
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we was/were sufficient for app	ere adopted by the members and the number of votes cast for the amendment(s) proval.
There are no members or adopted by the board of di	members entitled to vote on the amendment(s). The amendment(s) was/were rectors.
Dated_03/2	21/2011
Signature <b>(</b>	Mal Certis
(By	y the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary)
	MARK A CERTAIN
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)