# P11000015870

(Req	uestor's Name)	
(Add	ress)	
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• (City)	/State/Zip/Phon	e #)
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(Doc	ument Number)	
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FILED

11 JUN -9 PH 12: 15

SECRETARY OF STATE

Amera Thews 6-9-11

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORPO	RATION:		larris Charles I	1C	
DOCUMENT NUM	BER:		P110000158	370	
The enclosed Articles	of Amendment and fee	are submit	ted for filing.		
Please return all corre	spondence concerning th	is matter t	o the following:		
		Richar			
	ľ	Name of Cor	itact Person		
_	Dia		ing Service		
		Firm/ Co	mpany		
	144 A		toad S Suite 2		
		Addr	ess		
	<del>~ ~</del>		FL 32216		
	C	City/ State an	d Zip Code		
	rdial@d E-mail address: (to be use	ialaccour ed for future	iting.com annual report notification	on)	
For further information	n concerning this matter,	, please cal	1:		
<del></del>	chard Dial	at (_	904	725-4	
Name of C	Contact Person		Area Code & Daytime	e Telephon	ne Number
Enclosed is a check fo	r the following amount n	nade payal	ole to the Florida De	epartmen	t of State:
□\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	Ce	3.75 Filing Fee & rtified Copy Iditional copy is enclose	ed) (	552.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre			et Address ndment Section		
Amendment Section Division of Corporations P.O. Box 6327		Divis	sion of Corporations on Building	3	

2661 Executive Center Circle

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 16, 2011

RICHARD DIAL DIAL ACCOUNTING SERVICE 144 ARLINGTON ROAD S, SUITE 2 JACKSONVILLE, FL 32216

SUBJECT: HARRIS CHARLES INC

Ref. Number: P11000015870

We have received your document for HARRIS CHARLES 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.

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) 245-6905.

Thelma Lewis Document Specialist Supervisor

Letter Number: 111A00012114

www.sunbiz.org

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

 $\mathbf{of}$ 

F/	LED
'' '' '' '' '' ' ' ' ' ' ' ' ' ' '	) <u> </u>
SECRETARY TALLAHASSE	OF STATE
	LILORIDA

Harris Charles Inc

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

### P11000015870

lowing

(Document N	umber of Corporation (if kno	own)
Pursuant to the provisions of section 607.19 amendment(s) to its Articles of Incorporation	006, Florida Statutes, this <b>F</b>	Clorida Profit Corporation adopts the foll
A. If amending name, enter the new name	of the corporation:	
	<del></del>	The new
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or t name must contain the word "chartered," "p	he designation "Corp," "Inc	c," or "Co". A professional corporation
B. Enter new principal office address, if a	pplicable:	
(Principal office address MUST BE A STRE		
	<del></del>	
C. Enter new mailing address, if applicab (Mailing address MAY BE A POST OF)		
D. If amonding the registered agent and/o	r registered office address i	n Florido, outou the name of the
D. If amending the registered agent and/or new registered agent and/or the new re		n Florida, enter the name of the
Name of New Parks and A		
Name of New Registered Agent:		<del></del>
New Registered Office Address:	(Florida street a	address)
		, Florida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if chang	ging Registered Agent:	
I hereby accept the appointment as registered	l agent. I am familiar with a	and accept the obligations of the position.
<del>-</del>	Signature of New Registered	d 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)

Title	<u>Name</u>		Address	Type of Action
F	<u>Haresh</u>	Bhut	921 Collinswood Dr W Jacksonville FL 32225	Add Z Remove
<u>P</u>	Chunila	al Bhut	921 Collinswood Dr W Jacksonville FL 32225	
		ng additional Articlets, if necessary).	les, enter change(s) here: (Be specific)	
pro		menting the amend	ange, reclassification, or cancellation of Iment if not contained in the amendmen	

The date of each amendmen	t(s) adoption: May 1, 2011
	(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)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statement ed 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/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder
Dated_May	1, 2011
sele	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	Richard Dial
	(Typed or printed name of person signing)
	Incorporator
	(Title of person signing)