# P11000035769

(Requestor's Name)	
(Address)	9002
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	07/15
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Amend, 07/27/11 De



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2011

SHERRY L. KNAUF DOMINICK BARBERA & ASSOCIATES INC 2230 S. MCCALL ROAD ENGLEWOOD, FL 34224

SUBJECT: DOMINICK BARBERA & ASSOCIATES INC

Ref. Number: P11000035769

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 document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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

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: 911A00017181

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SECRETARY OF STATE

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION:	Dominick Barbera & Associates, Inc.
DOCUMENT NUM	BER:	P11000035769
The enclosed Articles	of Amendment and f	ee are submitted for filing.
Please return all corre	spondence concerning	g this matter to the following:
		Sherry Knauf
		Name of Contact Person
_		Firm/ Company
		2230 S McCall Rd Address
<del></del>		City/ State and Zip Code
<del></del>	Sporte E-mail address: (to be	er34224@comcast.net used for future annual report notification)
For further informatio	on concerning this mat	ter, please call:
Sh	erry Knauf	at ( 941 ) 474-5450  Area Code & Daytime Telephone Number
Name of	Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for	or the following amou	nt made payable to the Florida Department of State:
✓ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee Certified Copy (Additional copy is enclosed)  Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addr Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## Articles of Amendment to

### Articles of Incorporation of Dominick Barbera & Associates Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P11000035769 (Document Number of Corporation (if known) 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: N/A 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: N/A (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) N/A

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:

K1/A

Name of New Registered Agent:	IN/A	
New Registered Office Address:	(Florida street a	address)
		, Florida
	(City)	(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 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>	Address	Type of Action
Pres	Christopher Barbera	2230 S McCall Rd Englewood, FL 34224	
<u>Pres</u>	Sherry Knauf	2230 S McCall Rd Englewood, FL 34224	☑ Add □ Remove
	ding or adding additional Articles, educational sheets, if necessary). (Be defined as the control of the contro		
provisi	mendment provides for an exchange ons for implementing the amendme not applicable, indicate N/A)		

The date of each amendmen	
Effective date <u>if applicable</u> :	(date of adoption is required) 7/11/11
,	(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)
action was not required.	ere adopted by the board of directors without shareholder action and shareholder ere adopted by the incorporators without shareholder action and shareholder
Dated_7/25	5/11
sele	y 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)
	Sherry Knauf
	(Typed or printed name of person signing)
	President
	(Title of person signing)