

P110000094636

(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



600241214306

11/01/12--01009--025 \*\*43.75

FILED  
12 NOV 1 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

NOV - 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2012

DEBORAH A MARTIN, INC  
2252 S BOLTON AVE  
HOMOSASSA, FL 34448

SUBJECT: DEBORAH A. MARTIN, INC  
Ref. Number: P11000094636

We have received your document for DEBORAH A. MARTIN, 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):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 312A00026813

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**Deborah A Martin, Inc.**

**NAME OF CORPORATION**

**P11000094636**

**DOCUMENT NUMBER:**

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

Please return all correspondence concerning this matter to the following:

**Deborah A Martin**

Name of Contact Person

**Deborah A Martin, Inc.**

Firm/ Company

**2252 S Bolton Ave**

Address

**Homosassa, FL, 34448**

City/ State and Zip Code

**dmartinlcs@gmail.com**

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

For further information concerning this matter, please call:

**Deborah A Martin**

at (

**352**

**804 2953**

Name of Contact Person

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

Deborah A Martin, Inc.

P11000094638 (Name of Corporation as currently filed with the Florida Dept. of State)

\_\_\_\_\_  
(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:**

\_\_\_\_\_  
*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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office 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

FILED  
12 NOV 11 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

**Example:**

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

|                                            |          |                        |                         |
|--------------------------------------------|----------|------------------------|-------------------------|
| 1) <input type="checkbox"/> Change         | <u>V</u> | <u>Michael Bolton</u>  | <u>15423 Banjo Dr</u>   |
| <input type="checkbox"/> Add               |          |                        | <u>Hudson, FL</u>       |
| <input checked="" type="checkbox"/> Remove |          |                        | <u>34667</u>            |
| 2) <input type="checkbox"/> Change         | <u>V</u> | <u>Audrey J Martin</u> | <u>6535 Sw 108th Pl</u> |
| <input checked="" type="checkbox"/> Add    |          |                        | <u>Ocala, FL</u>        |
| <input type="checkbox"/> Remove            |          |                        | <u>34476</u>            |
| 3) <input type="checkbox"/> Change         |          |                        |                         |
| <input type="checkbox"/> Add               |          |                        |                         |
| <input type="checkbox"/> Remove            |          |                        |                         |
| 4) <input type="checkbox"/> Change         |          |                        |                         |
| <input type="checkbox"/> Add               |          |                        |                         |
| <input type="checkbox"/> Remove            |          |                        |                         |
| 5) <input type="checkbox"/> Change         |          |                        |                         |
| <input type="checkbox"/> Add               |          |                        |                         |
| <input type="checkbox"/> Remove            |          |                        |                         |
| 6) <input type="checkbox"/> Change         |          |                        |                         |
| <input type="checkbox"/> Add               |          |                        |                         |
| <input type="checkbox"/> Remove            |          |                        |                         |

(Attach additional sheets, if necessary). (Be specific)

(Attach additional sheets, if necessary). (Be specific)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

The date of each amendment 10/29/12

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 10/29/12

Signature

Deborah A Martin, president  
(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)

Deborah A Martin

(Typed or printed name of person signing)

president

(Title of person signing)

FILED  
12 NOV 1 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA