P14000035624

(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

900261743509

07/03/14--01002--018 **52.50

FILED
14 JUL 30 PM 12:39

Amend | cc cus
@ 7.31.14

**COVER LETTER**

**TO:** Amendment Section
Division of Corporations

**NAME OF CORPORATION:** SHIVDHARA INC

**DOCUMENT NUMBER:** P14000035624

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

Please return all correspondence concerning this matter to the following:

TERRI L DALLAIRE, CPA
(Name of Contact Person)

COHEN AND DALLAIRE, C.P.A.'S, P.A.
(Firm/ Company)

P.O. BOX 490
(Address)

CRYSTAL RIVER, FL 34423
(City/ State and Zip Code)

tdallairecpa@cohendallaire.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRI DALLAIRE CPA at (352) 563-1300
(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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2014

TERRI L. DALLAIRE, CPA
COHEN AND DALLAIRE, C.P.A.'S, P.A.
P.O. BOX 490
CRYSTAL RIVER, FL 34423

SUBJECT: SHIVDHARA INC
Ref. Number: P14000035624

We have received your document for SHIVDHARA INC and your check(s) totaling $52.50. However, the enclosed document has not been filed and is being returned for the following correction(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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 514A00015522

RECEIVED
14 JUL 30 AM 11:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
14 JUL 30 AM 10:39

SHIVDHARA INC

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

P14000035624

(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* TERRI L DALLAIRE CPA

441 N.E. 1ST ST
*(Florida street address)*

*New Registered Office Address*: CRYSTAL RIVER, Florida 34429
*(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.*

Terri L. Dallaire CPA
*Signature of New Registered Agent, if changing*