# P150000025814

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	· · · · · · · · · · · · · · · · · · ·
(Do	ocument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to	Filing Officer:	
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Office Use Only



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#### **COVER LETTER**

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**TO:** Amendment Section Division of Corporations

NAME OF CORPO	RATION: Cell Phone Repair	of North Florida, Inc.	
DOCUMENT NUM			440 A 40 A 40 A 40 A 40 A
	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	Ken Foster		
		Name of Contact Person	1
	Ken Foster		
		Firm/ Company	
	213 Crest Street		
		Address	
	Tallahassee Florida 32301		
		City/ State and Zip Cod	e
4keni	oster@gmail.com		
<del></del>		sed for future annual report	notification)
	L-man address. (to be di	sed for future annual report	nouncadon)
For further information	n concerning this matter, pleas	se call:	
Ken Foster		at ( <u>85</u> 0	544-5040
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	urtment 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)
Ame Divi P.O.	ling Address endment Section sion of Corporations Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

### Articles of Amendment

to
Articles of Incorporation
of

FILED

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CELL PHONE REPAIR OF NORTH FLORIDA, II	NC.	941	149 PH	4. 40
(Name of Corpora	ation as currently file	ed with the Florid	a Dept, of State)	STATE
PI 5000025814		, i	a Dept. of State)	Colani
(Doc	ument Number of Cor	poration (if known	)	
Pursuant to the provisions of section 607.1006, Flor its Articles of Incorporation:	ida Statutes, this <i>Flor</i> e	ida Profit Corpora	tion adopts the fo	llowing amendment(
A. If amending name, enter the new name of the	corporation:			
FOSTER'S REAL ESTATE, INC				The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co word "chartered," "professional association," or th	rp," "Inc," or "Co".	A professional c		the abbreviation
B. Enter new principal office address, if applical (Principal office address MUST BE A STREET AL				
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B				
D. If amending the registered agent and/or registered new registered agent and/or the new registered	tered office address i	n Florida, enter tl	ne name of the	
Name of New Registered Agent				
	(Florida street ad	ddress)		
New Registered Office Address:			, Florida	
	(City,	)		(Zip Code)
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered agent	egistered Agent: . I am familiar with a	and accept the oblig	gations of the pos	ition.
Sis	gnature of New Regist	ered Agent, if chan	ging	

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: X Change	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	Name	<u>Addres</u> s	
1) Change	VP	VALERIE FOSTER	213 CREST STREET	
Add			TALLAHASSEE, FLORIDA	
X Remove			32301	
2) Change			·	
Add				
Remove				
3)Change				
Add				
Remove				
4) Change				
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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an amendment	provides for a.	a amandmant if n	<u>ot contained in t</u>	<u>he amendment its</u>	<u>elf:</u>	
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The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more th	an 90 days after amendment file date)
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's record	pplicable statutory filing requirements, this date will not be listed as the ls.
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. by the shareholders was/were sufficient for approval.	The number of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders must be separately provided for each voting group entitle	s through voting groups. The following statement d to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was	/were sufficient for approval
by	31
(voting group)	<del></del>
☐ The amendment(s) was/were adopted by the board of direct action was not required.	etors without shareholder action and shareholder
The amendment(s) was/were adopted by the incorporators action was not required.	without shareholder action and shareholder
6/18/2015	
DatedSignature	<del></del>
(By a director, president or other	officer – if directors or officers have not been n the hands of a receiver, trustee, or other court ary)
KEN FOSTER	
(Typed or prin	ted name of person signing)
PRESIDENT	
	itle of person signing)

## Electronic Articles of Incorporation For

P15000025814 FILED March 18, 2015 Sec. Of State vherring

CEEPTIONE REPAIR OF HORTEF EGREEA, INC.

FOSTER'S REAL ESTATE, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

#### Article I

The name of the corporation is:

CEREBRICA DE LE CONTROL DE LE

FOSTER'S REAL ESTATE, INC.

#### Article II

The principal place of business address:

213 CREST STREET TALLAHASSEE, FL. 22121

The mailing address of the corporation is:

213 CREST STREET TALLAHASSEE, FL. 22121

#### **Article III**

The purpose for which this corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

#### Article IV

The number of shares the corporation is authorized to issue is:

#### Article V

The name and Florida street address of the registered agent is:

KEN FOSTER 213 CREST STREET TALLAHASSEE, FL. 32301

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: KEN FOSTER

#### Article VI

The name and address of the incorporator is:

KEN FOSTER 213 CREST STREET

**TALLAHASSEE FLORIDA 32301** 

Electronic Signature of Incorporator: KEN FOSTER

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

#### Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P KEN FOSTER 213 CREST ST TALLAHASSEE, FL. 32301-251

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#### **Article VIII**

The effective date for this corporation shall be:

03/18/2015

P15000025814 FILED March 18, 2015 Sec. Of State vherring