

P150000 70764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

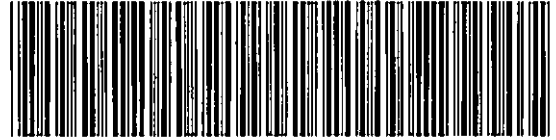
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/20/21

Office Use Only



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01/15/21--01016--007 **43.75

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAR 23 PM 5:31

FILED

4/17/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2021

JOEL KUHNS
6261 119TH RD
SUITE B
LIVE OAK, FL 32060

SUBJECT: FOSSIL GIFT, INC.
Ref. Number: P15000070764

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is FG, L.L.C.-L06000012239.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 421A00004125

Rec 3/29

Joel Kuhns
Fossil Gift, Inc
6261 119th Road Suite B
Live Oak, FL 32060

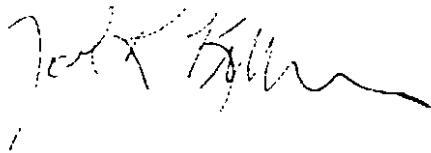
March 26, 2021

Florida Department of State
Division of Corporations

Please find Letter Number 421A00004125 along with the letter from FG, L.L.C. stating that they will not seek to revoke their dissolution. The letter clearly states the Fossil Gift, Inc can now assume the name of FG, Inc.

Please process the request for the name change from Fossil Gift, Inc to FG, Inc per the documents attached to Letter 421A00004125.

Joel K Kuhns, President
Fossil Gift, Inc
407-489-7005

A handwritten signature in black ink, appearing to read "Joel K Kuhns", with a long horizontal flourish extending to the right.

3/26/2021

Gmail - Fwd: FG LLC TERMINATION



Joel Kuhns <jkuhns52@gmail.com>

Fwd: FG LLC TERMINATION

1 message

PETER ARCIDIACONO <peterarchie@comcast.net>
To: "jkuhns52@gmail.com" <jkuhns52@gmail.com>

Fri, Mar 26, 2021 at 1:16 PM

March 26, 2021

Joel Kuhns
Fossil Gift, Inc.
6261 119th Rd. Suit B
Live Oak, FL 32090

Joel,

With regards to my LLC name FG LLC

I terminated the company effective 1/31/2021. This was verified by the Florida Division of Corporations

I will not and have no intentions on starting the company up again. You are welcome to use the name after you inform the Division of Corporations

my Document number L06000012239

Hope this helps.

Regards,

Peter Arcidiacono

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Fossil Gift, inc

DOCUMENT NUMBER: P15000070764

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

Please return all correspondence concerning this matter to the following:

Joel Kuhns

Name of Contact Person

Fossil Gift, inc

Firm/ Company

6261 119th Rd, Suite B

Address

Live Oak, FL 32060

City/ State and Zip Code

jkuhns52@gmail.com

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

For further information concerning this matter, please call:

Joel Kuhns

at (407)

489-7005

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

Fossil Gift, inc

2021 MAR 29 PM 5:31

FILED

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

P15000070764

CLERK OF STATE
TALLAHASSEE, FL

(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:

FG, inc

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

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
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			_____

1. *Journal of the American Medical Association*, 1997; 277: 1033-1036.

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

[illegible]

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ 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)

January 12th, 2021
Dated _____

Signature Joel K Kuhns
(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)

Joel K Kuhns

(Typed or printed name of person signing)

President

(Title of person signing)