

P150000 73467

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 25, 2015

JUDITH B. SMITH / CHARMS OF LEFFINGWELL INC  
1411 7TH ST WEST  
PALMETTO, FL 34221 US

SUBJECT: CHARMS OF LEFFINGWELL, INC  
Ref. Number: P15000073467

We have received your document for CHARMS OF LEFFINGWELL, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The amendment must be adopted in one of the following manners:

**(1) If an amendment was approved by the shareholders, one of the following statements must be contained in the document.**

(a) A statement that the number of votes cast for the amendment by the shareholders was sufficient for approval, -or-

(b) If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

**(2) If an amendment was adopted by the incorporators or board of directors without shareholder action.**

(a) A statement that the amendment was adopted by either the incorporators or board of directors and that shareholder action was not required.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 415A00024906

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CHARMS OF LEFFINGWELL, INC

**DOCUMENT NUMBER:** P15000073467

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

Please return all correspondence concerning this matter to the following:

Judith B. Smith

Name of Contact Person

CHARMS OF LEFFINGWELL

Firm/ Company

1411 7th St. West

Address

Palmetto, Florida 34221

City/ State and Zip Code

shellsforu@aol.com

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

For further information concerning this matter, please call:

Judith B. Smith at ( 727 ) 656-1938

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:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

CHARMS OF LEFFINGWELL, INC

15 DEC -3 PM 2:48

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

P15000073467

(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 Judith B. Smith  
1411 7th St. West  
(Florida street address)

New Registered Office Address: Palmetto, Florida 34221  
(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)*

*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                      PT        John Doe

X Remove                    V        Mike Jones

X Add                        SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u>      </u> Change	<u>P</u>	<u>Barbara McGraw</u>	<u>7711 9th Ave NW</u>
<u>      </u> Add			<u>Bradenton, FL 34209</u>
<u>X</u> Remove			
2) <u>      </u> Change	<u>VP</u>	<u>Harry McGraw</u>	<u>7711 9th Ave NW</u>
<u>      </u> Add			<u>Bradenton, FL 34209</u>
<u>X</u> Remove			
3) <u>      </u> Change	<u>PTS</u>	<u>Judith B. Smith</u>	<u>1411 7th Street West</u>
<u>X</u> Add			<u>Palmetto, FL 34221</u>
<u>      </u> Remove			
4) <u>      </u> Change	<u>VP</u>	<u>Michael W. Smith</u>	<u>1411 7th Street West</u>
<u>X</u> Add			<u>Palmetto, FL 34221</u>
<u>      </u> Remove			
5) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			
6) <u>      </u> Change			
<u>      </u> Add			
<u>      </u> Remove			

**E. If amending or adding additional Articles, enter change(s) here:**

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

[illegible]

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

(if not applicable, indicate N/A)

N/A

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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 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~~ December 5, 2015

~~Signature~~ Judith B Smith (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)

Judith B Smith

(Typed or printed name of person signing)

Judith B Smith (President)

(Title of person signing)

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ASSIGNMENT OF NAME

THIS ASSIGNMENT OF NAME is made this 9 day of November, 2015, by and between Harry J. and Barbara J. McGraw (the "Assignor"), in favor of Judith and Michael Smith (the "Assignee"), whose address is 1411 7th St. W., Palmetto, FL 34221.

WITNESSETH:

For value received, the sufficiency of which is hereby acknowledged, Assignor hereby unconditionally grants, transfers and assigns to Assignee, its successors and assigns, all of its right, title and interest in and to the name "Charms"; any and all trademarks and/or other promotional material associated with or previously developed in connection with said name which Assignor has, including the phone number, website, domain name, and goodwill; and all rights and privileges to use said name in the development, construction, rental, sales and operation of the property located at 905 Leffingwell Avenue, Ellenton, FL 34222. Assignor makes no representations or warranties as to the name "Charms."

IN WITNESS WHEREOF, Assignor has caused this Assignment of Name to be executed the day and year first above written.

WITNESSES:

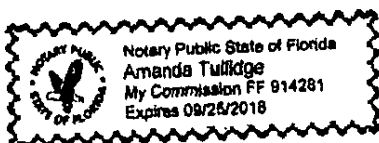
[Signature]  
Signature  
Elise Brinkley  
Print Name  
Amanda C. Tullidge  
Signature  
\_\_\_\_\_  
Print Name

[Signature]  
Harry J. McGraw  
[Signature]  
Barbara J. McGraw

STATE OF FLORIDA  
COUNTY OF MANATEE

The foregoing instrument was subscribed and sworn to before me this 9 day of Nov, 2015, by Harry J. McGraw and Barbara J. McGraw, husband and wife,  
☐ who are personally known to me,  
☐ who produced FL DL as identification, and who acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed.

My Commission Expires:



[Signature]  
Signature  
Amanda C. Tullidge

Print Name

NOTARY PUBLIC - STATE OF FLORIDA

Commission No. \_\_\_\_\_



ACCEPTANCE OF ASSIGNMENT

The undersigned, Judith and Michael Smith, do hereby accept the assignment, transfer and conveyance provided for above on this 9 day of November, 2015.

**ASSIGNEE:**

Amanda Cullidge  
Witness Amanda C. Cullidge

Cecilia Hopper  
Witness Cecilia Hopper

Judith Smith  
Judith Smith

Michael Smith  
Michael Smith