

P20000036902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

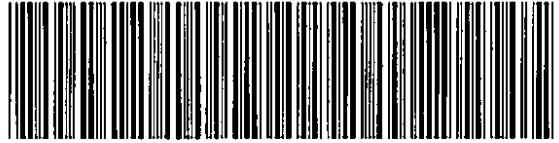
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900362419839

06/09/21--01005--005 **35.00

2021 JUN -7 PM 2:33

FILED

Alenuch8

JUN 11 2021

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: HEALTHYBOOKKEEPING.ONLINE INC.

DOCUMENT NUMBER: P20000036902

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

Please return all correspondence concerning this matter to the following:

SUSAN A. REILLY

Name of Contact Person

Firm/ Company

4 EASTWOOD LANE

Address

BELLEAIR, FLORIDA 33756

City/ State and Zip Code

healthybookkeepingonline@gmail.com

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

For further information concerning this matter, please call:

SUSAN A. REILLY

Name of Contact Person

at (727)

434-1364

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

2021 MAR 16 PM 5:28

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2021

SUSAN A. REILLY
4 EASTWOOD LANE
BELLEAIR, FL 33756

SUBJECT: HEALTHYBOOKKEEPING.ONLINE INC.
Ref. Number: P20000036902

We have received your document for HEALTHYBOOKKEEPING.ONLINE INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 421A00011078

RECEIVED

2021 JUN -7 PM 3:12

SECRET
MAIL ROOM

Articles of Amendment
to
Articles of Incorporation
of

HEALTHYBOOKKEEPING.ONLINE INC.

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

P20000036902

(Document Number of Corporation (if known))

FILED
2021 JUN -7 PM 2:33
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

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:

HEALTHYBOOKKEEPING ONLINE 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)

4 EASTWOOD LANE

BELLEAIR, FL 33756

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

4 EASTWOOD LANE

BELLEAIR, FL 33756

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 NOT APPLICABLE

NOT APPLICABLE

(Florida street address)

New Registered Office Address: NOT APPLICABLE, Florida N/A
(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) (e), F.S.

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

Type of Action (Check One)	Title	Name	Address
1) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
2) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
3) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
4) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
5) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>
6) <u>N/A</u> Change	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> Add			<u>N/A</u>
<u>N/A</u> Remove			<u>N/A</u>

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

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

NOT APPLICABLE

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)

NOT APPLICABLE

NOT APPLICABLE

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

NOT APPLICABLE

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 NOT APPLICABLE _____"
(voting group)

Dated MARCH 9, 2021 _____

Signature Susan A. Reilly
(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)

SUSAN A REILLY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)