

P93000088308

(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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09/17/09--01030--012 **43.75

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
09 SEP 22 AM 9:05

CC
Name chg
@ 9/22/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Writer's Ink Studios, Inc.

DOCUMENT NUMBER: P93000088308

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

Please return all correspondence concerning this matter to the following:

Cathy Ann Sauer

Name of Contact Person

Writer's Ink Studios, Inc.

Firm/ Company

5735 Bay Side Drive

Address

Orlando, FL 32819

City/ State and Zip Code

cathy.sauer@writersinkstudios.com

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

For further information concerning this matter, please call:

cathy sauer

Name of Contact Person

at (407)

492-8719

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



writer's ink studios, inc.

September 17, 2009

Florida Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Writer's Ink Studios, Inc.
Document Number: P93000088308

This week I sent via Priority mail the paperwork and payment to change my corporate name. I believe I may have inadvertently left off the last page with my signature. I am resubmitting the document in its entirety (see attached) which includes the original signature page.

Thank you. I apologize for any inconvenience.

Cathy Ann Sauer
President
Writer's Ink Studios, Inc.
407.492.8719

RECEIVED

2009 SEP 22 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5735 bay side drive ☎ orlando, florida 32819 ☎ 407.492.8719
cathy.sauer@writersinkstudios.com
writersinkstudios.com



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2009

CATHY ANN SAUER
WRITER'S INK. STUDIOS, INC.
5735 BAY SIDE DRIVE
ORLANDO, FL 32819

SUBJECT: WRITER'S INK. STUDIOS, INC.
Ref. Number: P93000088308

We have received your document for WRITER'S INK. STUDIOS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The last page of the amendment is missing.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 909A00030898

Articles of Amendment
to
Articles of Incorporation
of

Writer's Ink Studios, Inc.

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

P93000088308

(Document Number of Corporation (if known))

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 SEP 22 AM 9:05

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:

Cathy Ann Sauer, 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:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

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)

The date of each amendment(s) adoption: 09/14/09

(date of adoption is required)

Effective date if applicable: _____

(no more than 90 days after amendment file date)

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

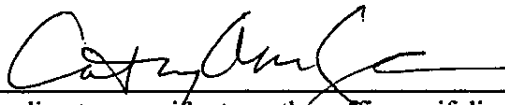
by _____."
(voting group)

☐ 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 09/14/09

Signature



(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)

Cathy Ann Sauer

(Typed or printed name of person signing)

President

(Title of person signing)