# P940000391227

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Dissolution Of Change Manageme	ent Associates, Inc. (A Florida S Corporation)
DOCUMENT NUMBER: P94000039627	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
John J Peters	
(Name o	f Contact Person)
(Fig.	rm/Company)
4307 Woodhall Circle	
(4	Address)
Viera, Fl 32955	
(City/S	tate and Zip Code)
For further information concerning this m	atter, please call:
John J. Peters	at (a21-632-7258
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	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	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

# ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:  Change Management Associates, Inc.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized: 30 September 2016			
	Effective date of dissolution if applicable: 1 October 2016			
	(no more than 90 days after dissolution 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.			
FOURTH:	Adoption of Dissolution (CHECK ONE)			
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.			
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:			
	The number of votes cast for dissolution was sufficient for approval by			
	(voting group)			
	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)			
	John J. Peters			
	(Typed or printed name of person signing)			
	CEO/President			
	(Title of person cigning)			

### Filing Fee: \$35

### **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Change Management Associates, Inc
Name of Corporation:\_\_\_\_ Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Any and all documentation, date of action Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 4307 Woodhall Circle Viera, FL 32955 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. John J. Peters Signature of the Person Filing Printed Name of the Person Filing