

P97000034743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

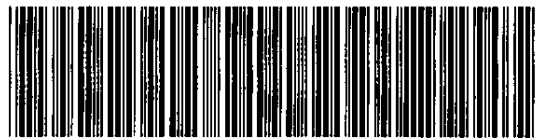
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 DEC 23 AM 8:26

Amend/cc
cus
@ 12/23/09

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: INNOVATIVE ACCESSORIES INC

DOCUMENT NUMBER: D97 000034743

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

Please return all correspondence concerning this matter to the following:

NORMAN CLAY
Name of Contact Person

INNOVATIVE ACCESSORIES INC
Firm/ Company

5868 NW 30th ST
Address

KEECHOOBEE, FL 34972
City/ State and Zip Code

crsmom11@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACKIE CLAY at (863) 763-3400
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 type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 9, 2009

NORMAN CLAY
5868 NW 30TH ST.
OKEECHOBEE, FL 34972

SUBJECT: INNOVATIVE ACCESSORIES, INC.
Ref. Number: P97000034743

We have received your document for INNOVATIVE ACCESSORIES, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

You failed to sign the form and photo copies are not acceptable.

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: 609A00037602

RECEIVED
2009 DEC 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDMENT TO ARTICLES OF INCORPORATION

JUNE 12, 2009

**OKEECHOBEE, FLORIDA
5868 NW 30th Street**

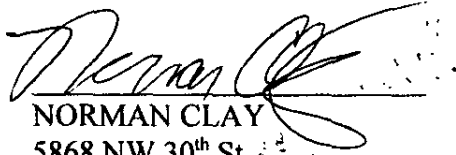
ON THIS DATE, at a duly noticed and called meeting of the officers and directors of INNOVATIVE ACCESSORIES, INC., a Florida Corporation bearing document number P97000034743, originally incorporated on or about April 17, 1997, motion was made and approved to amend the articles of incorporation, which amendments include the following:


1. THAT the registered agent of the corporation JOHN R. COOK, has a new mailing and service address as agent of the corporation, which is: 4114 SW 16th St. Okeechobee, Fl. 34974.

2. THAT the vice-president and director GARY POPE, resigns his position effective this date, and hereafter will not hold any office or position within the corporation.

3. THAT the initial stock offering of the corporation was a total of 100 shares, divided in equal 50/50 share between the officers of the corporation; that Gary Pope announces his relinquishment, release and assignment of all stock, and any right, title or interest he may hold or have held in the corporation to; NORMAN CLAY, President, and shall execute any further assignment or release of said stock as necessary upon demand.

IN ALL OTHER RESPECTS, the articles of incorporation shall remain in full force and effect except as herein amended.

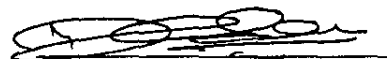

NORMAN CLAY
5868 NW 30th St.
Okeechobee, Fl. 34974


GARY POPE
4642 Edwards Rd.
Ft. Pierce, Fl. 34981

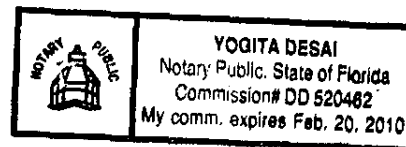
STATE OF FLORIDA
COUNTY OF OKEECHOBEE

BEFORE ME, the undersigned authority personally appeared NORMAN CLAY, who is
(☒) known to me, or who () offered the following identification: _____;
who being first duly sworn, states that he executed the foregoing for the purposes stated therein:

SWORN TO and subscribed this 5th day of ^{NOV}~~June~~, 2009.


NOTARY PUBLIC
My commission expires:

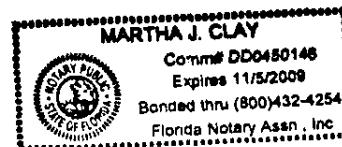
STATE OF FLORIDA
COUNTY OF: Okeechobee



BEFORE ME, the undersigned authority personally appeared GARY POPE, who is (☒) known
to me; or who () offered the following identification: _____; and
who being first duly sworn, states that he executed the foregoing for the purposes stated therein.

SWORN TO and subscribed this 25 day of June, 2009.


NOTARY PUBLIC
My commission expires:



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>
VP/D	GARY POPE	4642 Edwards Road Fort Pierce, FL 34981	<input type="checkbox"/> Add <input checked="" 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)

N/A

The date of each amendment(s) adoption: June 12, 2009
(date of adoption is required)
Effective date if applicable: July 1, 2009
(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 June 12, 2009

Signature Norman Clay
(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)

NORMAN CLAY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)