(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



700161113727

10/05/09--01009--022 \*\*35.00



# **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION:	STELLAR CONCEPTS & DESIGN INC.
DOCUMENT NUMBER:		P97000055937
The enclosed Artic	cles of Amendment and	fee are submitted for filing.
Please return all co	orrespondence concerni	ng this matter to the following:
		STEVEN C KLEIN
		Name of Contact Person
		STEVEN C KLEIN CPA PA
		Firm/ Company
	1	1776 W SAMPLE RD # 105
		Address
	C	ORAL SPRINGS, FL 33065
, .	1777	City/ State and Zip Code,
	GIT	A@SKLEINCPA.COM
	E-mail address: (to	be used for future annual report notification)
For further inform	ation concerning this m	atter, please call:
S.	TEVEN C KLEIN	at (at (954)
Name	e of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a chec	k for the following amo	ount made payable to the Florida Department of State:
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	
P.O. Box 6	nt Section f Corporations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2009

STEVEN C. KLEIN STEVEN C. KLEIN, CPA PA 11776 W. SAMPLE ROAD #105 CORAL SPRINGS, FL 33065

SUBJECT: STELLAR CONCEPTS & DESIGN, INC.

Ref. Number: P97000055937

We have received your document for STELLAR CONCEPTS & DESIGN, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

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) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 509A00032321

# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

NAME OF CORP	ORATION:	STELLAR C	ONCEPTS & D	ESIGN INC.	_
DOCUMENT NUMBER:			P970000559	37	
The enclosed Artic	les of Amendment and	d fee are submitte	ed for filing.	·	
Please return all co	rrespondence concern	ing this matter to	the following:		
		STEVEN C			
		Name of Cont	act Person		
		STEVEN C KLE	EIN CPA PA		
•		Firm/ Con	npany		
	1	1776 W SAMP	LE RD # 105		
•		Addre	SS	,	
	C	CORAL SPRING	SS, FL 33065		i 
·		City/ State and	Zip Code		
: '	Gl E-mail address: (to	TA@SKLEINCF be used for future a	PA.COM nnual report notification	on)	
For further informa	ation concerning this n	natter, please call	• •		
ST	EVEN C KLEIN	at (	954	345-3696	
	of Contact Person		Area Code & Daytim	e Telephone Number	
Enclosed is a checl	c for the following am	ount made payab	le to the Florida De	epartment of State:	
☑ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Statu	s Cer	.75 Filing Fee & tified Copy ditional copy is enclos	Certificate of ed) Certified Cop	Status
P.O. Box 6	t Section Corporations	Amer Divis Clifto	t Address adment Section ion of Corporation on Building Executive Center (		,

Tallahassee, FL 32301

### Articles of Amendment to Articles of Incorporation of

	FILED
- J 11h	^
ALLAHAS	RY OF STATE SEE, FLORIDA
<del></del>	FLORIDA

# STELLAR CONCEPTS & DESIGN INC.

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

# P97000055937

(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:

ame must be distinguishable and contain bbreviation "Corp.," "Inc.," or Co.," or the ame must contain the word "chartered," "pre	e designation "Corp," "Inc," of	r "Co". A professional corp
B. Enter new principal office address, if apprincipal office address MUST BE A STREE		
incipal office anaress involved in the internation		
C. Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)		
(Mailing address <u>MAY BE A POST OFF)</u>	ICE BOX)	arida, enter the name of the
(Mailing address <u>MAY BE A POST OFF)</u>	registered office address in Flo	orida, enter the name of the
(Mailing address MAY BE A POST OFF)  1. If amending the registered agent and/or	registered office address in Flo	orida, enter the name of the
(Mailing address MAY BE A POST OFF)  1. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Flo	orida, enter the name of the
(Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or new registered agent and/or the new reg	registered office address in Flo	
(Mailing address MAY BE A POST OFF)  D. If amending the registered agent and/or new registered agent and/or the new registered Agent:	registered office address in Flo	

# 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) Address Type of Action <u>Title</u> <u>Name</u> ☐ Add ☐ Remove ☐ Remove \_\_ 🖺 Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) ADD 500 SHARES OF STOCK WITH A \$1.00 PAR VALUE MAKING TOAL SHARES 1,000 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 amendmen	
Effective date <u>if applicable</u> :	9-28-09 (date of adoption is required)
	(no more than 90 days after amendment file date)
•	
Adoption of Amendment(s)	(CHECK ONE)
	ere adopted by the shareholders. The number of votes cast for the amendment(s) were sufficient for approval.
	ere approved by the shareholders through voting groups. The following statemented for each voting group entitled to vote separately on the amendment(s):
"The number of votes	s cast for the amendment(s) was/were sufficient for approval
by	,,,
	(voting group)
The amendment(s) was/we action was not required.	ere adopted by the board of directors without shareholder action and shareholder
action was not required.	ere adopted by the incorporators without shareholder action and shareholder
	10-15/0°)
Signature _ (B	y a director, president or other officer - if directors or officers have not been
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)
	ANTHONY GIUDUCE
	(Typed or printed name of person signing)
	PRES
	(Title of person signing)