

P98000059287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

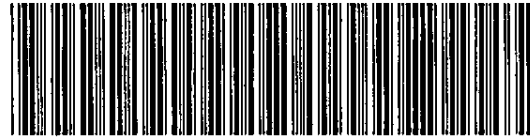
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

18th

Office Use Only



700251823987

09/24/13--01011--016 **35.00

RECEIVED
13 NOV 18 PM 4 57

Amend
11/20/13
De



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 NOV 18 PM 2:47

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 2, 2013

ALYSSA ARRIEN
A WOMAN'S TOUCH CLEANING SERVICE INC. TB
2309 NE COACHMAN RD
CLEARWATER, FL 33765

SUBJECT: A WOMAN'S TOUCH CLEANING SERVICE INC. OF TAMPA BAY
Ref. Number: P98000059287

We have received your document 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 current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Darlene Connell
Regulatory Specialist II

Letter Number: 213A00023173

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: A WOMAN'S TOUCH CLEANING SERVICE OF TAMPA BAY, INC.

DOCUMENT NUMBER: P98000059287

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

Please return all correspondence concerning this matter to the following:

ALYSSA ARRIEN

Name of Contact Person

A WOMAN'S TOUCH CLEANING SERVICE OF TAMPA BAY, INC.

Firm/ Company

2309 N.E. COACHMAN RD

Address

CLEARWATER, FL 33765

City/ State and Zip Code

awtcleaning2@aol.com

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

For further information concerning this matter, please call:

ALYSSA ARRIEN

Name of Contact Person

at (**727**) **797-8770**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" 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 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

Articles of Amendment
to
Articles of Incorporation
of

A WOMAN'S TOUCH CLEANING SERVICE INC. OF TAMPA BAY

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

P98000059287

(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:

A. If amending name, enter the new name of the corporation:

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)

2309 NE Coachman Rd
Clearwater, FL 33765

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

2309 NE Coachman Rd
Clearwater, FL 33765

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

Alyssa Arrien
2309 NE Coachman Rd
(Florida street address)

New Registered Office Address:

Clearwater, Florida 33765
(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.

Alyssa Arrien

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)

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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input checked="" type="checkbox"/> <u>Change</u> ___ Add ___ Remove	<u>P</u>	<u>ALYSSA ARRIEN</u>	<u>2309 N.E. COACHMAN RD</u> <u>CLEARWATER, FL 33765</u>
2) <input checked="" type="checkbox"/> <u>Change</u> ___ Add ___ Remove	<u>VP</u>	<u>MARY ARRIEN</u>	<u>2309 N.E. COACHMAN RD</u> <u>CLEARWATER, FL 33765</u>
3) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
4) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
5) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____
6) ___ Change ___ Add ___ Remove	_____	_____	_____ _____ _____

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

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

N/A

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: **SEPTEMBER 23, 2013**, if other than the date this document was signed.

Effective date if applicable: **SEPTEMBER 23, 2013**
(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):

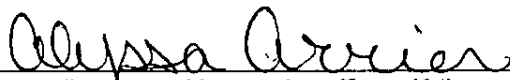
"The number of votes cast for the amendment(s) was/were sufficient for approval

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 **SEPTEMBER 20, 2013**

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)

ALYSSA ARRIEN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)