

P99000/08789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

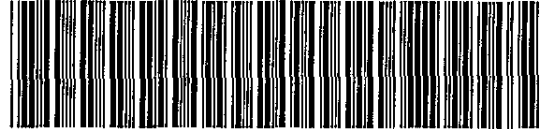
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600059809946

11/13/05--01051 --003 \*\*35.00

FILED  
05 OCT 31 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*00789, 00573, 00615, 00672

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** CHINNOR CORPORATION, INC.

**DOCUMENT NUMBER:** P99000108789

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

Please return all correspondence concerning this matter to the following:

SHARON ROSE GRAHAM

(Name of Contact Person)

CHINNOR CORPORATION, INC.

(Firm/ Company)

11215 OSWALT ROAD

(Address)

CLERMONT, FL 34711

(City/ State and Zip Code)

For further information concerning this matter, please call:

SHARON ROSE GRAHAM

(Name of Contact Person)

cell 352 223-1471

at ( 352 ) 536-2381

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 7, 2005

Sharon Rose Graham  
Chinnor Corporation, Inc.  
11215 Oswalt Road  
Clermont, FL 34711

SUBJECT: CHINNOR CORPORATION  
Ref. Number: P99000108789

We have received your document for CHINNOR CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The incorporator(s) cannot be amended or changed. Please correct your document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey  
Document Specialist

Letter Number: 705A00061120

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF  
CHINNOR CORPORATION**

**FILED**  
**05 OCT 31 PM 4:26**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**Article VI. Amended.**

The Registered Agent and address is:

Sharon Rose Graham  
11215 Oswalt Road,  
Clermont, FL 34711

I, Sharon Rose Graham, hereby am familiar with and accept the duties and responsibilities as registered agent for Chinnor Corporation

  
\_\_\_\_\_  
Signature

**Article VII. Amended.**

The names of Directors have changed as follows:

Sharon Rose Graham  
President

Marcia Loren Patterson  
Secretary

The date of each amendment(s) adoption: OCTOBER 17, 2005

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) **(CHECK ONE)**

☒ The amendment(s) was/were approved 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.

Signature Marcia Patterson  
(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)

MARCIA LOREN PATTERSON  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person signing)

**FILING FEE: \$35**