

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
(Name of Corporation)

DOCUMENT NUMBER: _____

The enclosed *Resolution of the Board of Directors to Change the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

- \$35.00 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO CHANGE
THE ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned _____, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____

(Name of Corporation)

a corporation duly organized and existing under the laws of _____,
(State or Country)

was adopted on _____, changing the alternate

name in Florida from _____ to
(Current Alternate Name)

(Alternate Name) NOTE: Must contain a corporate suffix

and its real name is unavailable in Florida.

Date: _____

Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and mail to:

**Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**