

P00000087195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

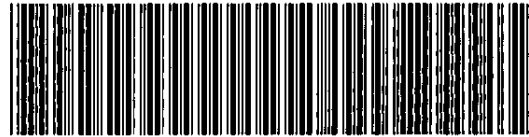
(Business Entity Name)

(Document Number)

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800188828398

Amend

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 DEC 21 PM 3:22

FILED

12/21/10--01030--013 **43.75

ASL
12/21/10

CLIFFORD M. ABLES, III, P.A.

ATTORNEYS AND COUNSELORS AT LAW

□ REPLY TO:

202 WEST MAIN STREET, #103

WAUCHULA, FLORIDA 33873

TELE: (863) 773-0500

FAX: (863) 773-0505

CLIFFORD M. ABLES, III

JANE M. HANCOCK

EMAIL: CMABLES@CMABLESPA.NET

✓ REPLY TO:

551 SOUTH COMMERCE AVENUE

SEBRING, FLORIDA 33870-3869

TELE: (863) 385-0112

FAX: (863) 385-1284

DECEMBER 16, 2010

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


Re: One Stop Mini Mart of Sebring, Inc., a Florida profit corporation

Greetings:

Enclosed please find the original Articles of Amendment, together with additional copy to be certified, for the above referenced corporation. Also enclosed is our office check number 28790 in the amount of \$43.75 to cover cost of filing fee and certified copy.

If you have any questions, please feel free to contact this office.

Sincerely


Nicole Screws
Legal Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: One Stop Mini Mart of Sebring, Inc., a Florida corporation

DOCUMENT NUMBER: P0000000087195

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

Please return all correspondence concerning this matter to the following:

Clifford M. Ables, III

Name of Contact Person

Clifford M. Ables, III, P.A.

Firm/ Company

551 South Commerce Avenue

Address

Sebring, FL 33870

City/ State and Zip Code

cmables@cmablespa.net

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

For further information concerning this matter, please call:

Clifford M. Ables, III

Name of Contact Person

at (863)

385-0112

Area Code & Daytime Telephone Number

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

☐ \$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

Articles of Amendment
to
Articles of Incorporation
of

FILED

2010 DEC 21 PM 3:22

One Stop Mini Mart of Sebring, Inc.

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

P00000087195

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

(Florida street address)

, Florida

(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.

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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
D, VP	Gladys Rivero	1701 Sunrise Drive Sebring, FL 33872	<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)

The date of each amendment(s) adoption: December 15, 2010

Effective date if applicable: December 2, 2010 (date of adoption is required)

(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)

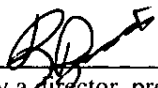
☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated

12/16/2010

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)

Rafael Rivero

(Typed or printed name of person signing)

President

(Title of person signing)