## P14000040414

(Re	equestor's Name)			
(Ad	dress)	<u></u>		
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(City/State/Zip/Phone #)				
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(Bu	siness Entity Nan	ne)		
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C. CARROTHERS

## **COVER LETTER**

TO: Amendment Section Division of Corpo			
NAME OF CORPOR	ATION: 18	Shi . Inc	
DOCUMENT NUMB	er: <u>71400</u>	00040414	
The enclosed Articles of	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
-	Gimen  1 En  1 En  2536 Prin  26Ksonvill  Charlyus  E-mail address: (to be us	Name of Contact Person  Firm/ Company  Ceto  Address  City/ State and Zip Code  Cet of the Code  Code of future annual report	Fac. 2, Blud South Ap610 32256
For further information	concerning this matter, pleas	e call:	
<u>Car los</u>	Forna Contact Person	at ( Nea Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	payable to the Florida Depa	artment of State:
S35 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)
Ame Divis P.O.	ing Address indiment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle

Tallahassee, FL 32301

Articles of Amendment
Articles of Incorporation  of Total
(Name of Corporation as currently filed with the Florida Dept. of State)
7140000 40414
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following affilial its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
Thomas Design " Fornaris Design NC. The Drew
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)  Sock son silk, Fl. 32256
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  J D EM
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 Colla A. Fornari  8785 Chambore Dr.  (Florida street address)
(Florida street address)
New Registered Office Address: Jackson ville Florida 32256 (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

Page 1 of 4

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: X_Change	PT John	Doc	
X Remove	<u>V</u> <u>Mike</u>	<u>: Jones</u>	
_X Add	SV Sally	Smith	
Type of Action (Check One)	Title	Name	Address ·
1) Change Add Remove	<u>P</u>	Marcos Gimenez	9536 Prancetos SO Blvd South Ap 610, Jax Fl, 32256
2) Change	VP_	Chosco E Cia	9536 Princeton Sq Blud South Ap
Remove  3) Change  Add  Remove	TR	Carlos Fornari	610, Jax, Fl, 3225 B785 Chambore Dr, Jax, Fl, 3225
4) Change Add Remove	P	Carlos Fornari	8785 Chambore Dr., Dax, Fl. 32256
.5) Change Add Remove	<del></del>		
6) Change Add Remove		······································	

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
From the date on the new President
90
Carlos Fornaria SSN#:
8785 Chambore Dr
Socksonalle, Florals
32256
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)

date this document was signed.	roption.	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were ado by the sharcholders was/were sur	pied by the shareholders. The number of votes east for the amendment(s) flicient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated 02/	18/2015	
Signature		
selected	irector, president or other officer - if directors or officers have not been  I, by an incorporator - if in the hands of a receiver, trustee, or other court red fiduciary by that fiduciary)	
	Marcos Marvel Gragos	
	(Typed or printed name of person signing)	
	(Title of person signing)	·