

P15000021373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

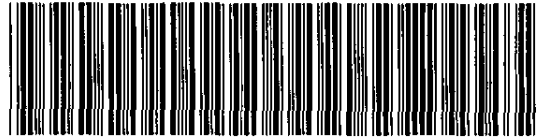
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 MAR 23 AM 10:55

FOR FILING
TO ACQUIRE
SUFFICIENCY OF FILING

FILED

15 MAR 23 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRM
3-24-15

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

FILED
15 MAR 23 AM 11:18
TALLAHASSEE FLORIDA
STATE

ACCOUNT NO. : I20000000195
REFERENCE : 558544 8040060
AUTHORIZATION : *Lyndee Deane*
COST LIMIT : \$35.00

ORDER DATE : March 20, 2015
ORDER TIME : 9:13 AM
ORDER NO. : 558544-005
CUSTOMER NO: 8040060

DOMESTIC AMENDMENT FILING

NAME: SELLYOURBULK.COM, INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

FILED
15 MAR 23 AM 11:18
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

NAME OF CORPORATION: SellYourBulk.com, Inc.

DOCUMENT NUMBER: P15000021373

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

Please return all correspondence concerning this matter to the following:

Carolyn H. Spradlin
Name of Contact Person

Firm/ Company

200 N. Churchill Dr.
Address

St. Augustine, FL 32086
City/ State and Zip Code

carolynspradlin@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Randy Spradlin at (904) 252-4554
Name of Contact Person 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

SellYourBulk.com, Inc.

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

P15000021373

(Document Number of Corporation (if known))

FILED
15 MAR 23 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

200 N. Churchill Dr
St. Augustine, FL 32086

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

200 N. Churchill Dr
St. Augustine, FL 32086

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 Carolyn H. Spradlin

200 N. Churchill Dr.

(Florida street address)

New Registered Office Address: St. Augustine, Florida 32086
(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)

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

| Type of Action (Check One) | Title | Name | Address |
|--|------------|---------------------------|---|
| 1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | <u>PTD</u> | <u>Randall E Spradlin</u> | <u>1219 Fort Peyton Dr.</u> <u>St. Augustine, FL 32086</u> |
| 2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>S</u> | <u>Carolyn H Spradlin</u> | <u>200 N. Churchill Dr.</u> <u>St. Augustine, FL 32086</u> |
| 3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | _____ | _____ | _____ |
| 6) <input type="checkbox"/> Change <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: _____, if other than the date this document was signed.

Effective date if applicable: _____
(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

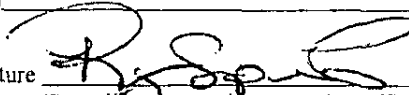
by _____”
(voting group)

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 03/19/2015

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)

Randall E Spradlin

(Typed or printed name of person signing)

President

(Title of person signing)