P14000010284

(Re	equestor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
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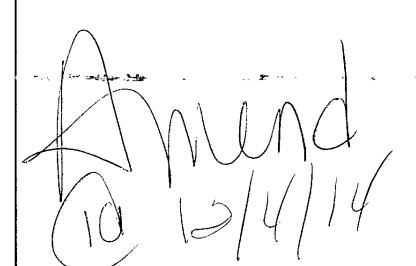
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COVER LETTER

TO: Amendment Section

Division of Corporations		
NAME OF CORPORATION: SECRET AF	PPAREL AND AC	CESSORIES INC
DOCUMENT NUMBER: P14000010	284	
The enclosed Articles of Amendment and fee are su	bmitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
LEE SANGELE	EER	
****	Name of Contact Person	n
BOUVIER & A	SSOCIATES	,
	Firm/ Company	
3210 N WICKH	HAM ROAD, S	SUITE 5
	Address	
MELBOURNE,	FL 32935	
	City/ State and Zip Cod	e
LSANGELEER@I	ROHVIERASS	SOC COM
	sed for future annual report	
2 11111 414.1515. (10 00 41	and for future united report	nomentony
For further information concerning this matter, pleas	se call:	
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LEE SANGELEER	at (321	_ __ 752-9967
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment 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	Street	Address
Amendment Section		lment Section
Division of Corporations		on of Corporations
P.O. Box 6327 Tallahassee, FL 32314		Building Executive Center Circle
1 anana3500, 11L 34314	2001 E	Accurive Cemer Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



SECRET APPAREL AND ACCESSORIES INC

(Name of Corporation as currently filed with the Florida Dept. of State) P14000010284

idment(s) to

(Docume	nt Number of Corporation	(if known)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporatio	on adopts the following amends
A. If amending name, enter the new n	ame of the corporation:		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professional con	The non- corporated" or the abbreviati rporation name must contain t
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u>)		3653 MIDDLEBURG LANE	
		SUITE 109	
			, FL 32955
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3653 MIDDLEBURG LANE	
1721111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OFFICE BUX)	SUITE 109	
		ROCKLEDGE, FL 32955	
D. If amending the registered agent ar	nd/or registered office add	dress in Florida, enter the	name of the
new registered agent and/or the ne	w registered office address EVELILYN MOB		
Name of New Registered Agent	-		
		G LANE SUITE 109 treet address)	
New Registered Office Address:	ROCKLEDG		_{rida} 32955
0// 0// 0// 0// 0// 0// 0// 0// 0// 0//	(Cit)		(Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis.			ations of the position.
Si	gnature of New Registered	Agent, if shanging	

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	PTD	KATHLEEN SCHWARZ	445 FINCH DRIVE
Add			SATELLITE BCH, FL 32937
Remove			
2) Change		-	
Add			
Remove			
3) Change	•	<u> </u>	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
Remove			

	ig additional Artes, if necessary).	(Be specific)			
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ın amendment pro	vides for an exc	hange, reclassi	<u>fication, or can</u> e	ellation of issue	d shares,
ovisions for imple	ementing the am e, indicate N/A)	enament ii not	contained in the	amenament its	<u>eii:</u>
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The date of each amendment(s) ad date this document was signed.	option:	, if other than
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
doption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopty the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient 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 f	for the amendment(s) was/were sufficient for approval	
· by	(voting group)	
	(voting group)	
The amendment(s) was/were adoption was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adoraction was not required.	pted by the incorporators without shareholder action and shareholder	
Dated/	-1-14	
Signature	my Jame	
	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court	
	ed fiduciary by that fiduciary)	
	Evelyn Mobius	
	(Typed or printed name of person signing)	
	President	_
	- (Title of person signing)	