P930005815

(Re	questor's Name)
(Add	dress)
(Add	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
4135, 563	, 4104 , 544
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OCT 3 0 2017 S. YOUNG FILED

PORT OF SEATON



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 18, 2017

JOHN J CAMPIONE, ESQ CAMPIONE, CAMPIONE & LEONARD, P.A. 4445 NORTH HIGHWAY A1A STE 110 VERO BEACH, FL 32963

SUBJECT: SASSY, INC. Ref. Number: P93000058815

We have received your document for SASSY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

The date of adoption of each amendment must be included in the document.

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

you have any questions concerning the filing of your document, please call (850) 245-6050.

Şhelia H.Young Regulatory Specialist II

Letter Number: 117A00021066

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION	:	SASSY, INC.	
DOCUMENT NUMBER:		P93000058815	
The enclosed Articles of Amend	dment and fee are st	thmitted for filing.	
Please return all correspondence	e concerning this ma	itter to the following:	
	John	J. Campione, Esq.	
		Name of Contact Perso	on
	Campion	e. Campone & Leonard, P.	Α.
		Firm/ Company	
	4445 No	rth Highway ATA, Suite 1	10
		Address	
		Vero Beach, FL 32963	
	-	City/ State and Zip Coo	le
		toddeana@aol.com	
E-m	ail address: (to be u	sed for future annual repor	t notification)
For further information concern	ing this matter, pleas	se call:	
John J. Campio	ne, Esq.	at (978-9582 ode & Daytime Telephone Number
Name of Contac	t Person	Area Co	ode & Daytime Telephone Number
Enclosed is a check for the follo	wing amount made	payable to the Florida Dep	artment of State:
	13.75 Filing Fee & entificate of Status	S43.75 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		Amen Divisi Clifto	Address dment Section on of Corporations n Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of

SASSY, INC.

	SAS.	or, inc.			
(Name	of Corporation as curre	ntly filed with the Florida De	pt. of State	<u>-</u>	
	P9300	00058815			
	(Document Numbe	r of Corporation (if known)			<u>-</u>
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006. Florida Statutes, tl	nis Florida Profit Corporation	adopts the f	following amendn	ient(s) to
A. If amending name, enter the new n	ame of the corporation:				
N/A				***1	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	iation "Corp," "Inc," o	r "Co". A professional corpo	porated" o. ration nam	The ne r the abbreviation e must contain th	117
B. Enter new principal office address,	if applicable:	N/A			
(Principal office address MUST BE A S			-		
C. Enter new mailing address, if appl	ienbla:			医红斑	
(Mailing address MAY BE A POST		N/A	_	E G	
					TI
		<u> </u>		<u> </u>	m.
				<u> </u>	(E)
D. If amending the registered agent an	d/or registered office a	l <u>dress in Florida, e</u> nter the na	me of the	10 P	
new registered agent and/or the new	<u>v registered office addr</u>	288:	-	E 3	
Name of New Registered Agent	N/A			». w	
	1061 INDIAN MOUNI	O TRAIL			
	(Florida	street address)		 _	
None Bouring on A Office (All cone	VERO BEACH			32963	
New Registered Office Address:		(City)	Florida_	(Zip Code)	
		·			
New Registered Agent's Signature, if o	hanging Registered Age	nt:			
I hereby accept the appointment as regist	ered agent. I am familia	r with and accept the obligation	ns of the po	sition.	
	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: \underline{X} Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	<u>ones</u>	
X Add	<u>sv</u>	Sally Si	<u>mith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	V	- .	Franklin T. Marchant	
Add X Remove				
2) Change	V	_	Tamara Huffman Theoharis	3375 Ocean Drive
X_Add				Vero Beach, FL 32963
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		<u> </u>
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

(Attach additional sheets, if necessary).	icles, enter change (Be specific)				
N/A					
			·	·	
					
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			·		-
If an amendment provides for an exch	onna vaclaccifica	ion or annalla	tion of bounds	Sharaa.	
provisions for implementing the amer	ndment if not con	tained in the am	<u>endment itself</u>	<u>:</u>	
(if not applicable, indicate N/A)					
N/A					
				_	
					<u>-</u>

The date of each amendment(s) adoption	October 2.6 ²⁰¹⁷	if other than th
date this document was signed. Effective date if applicable:	October 2 6,	
Enterior date in approxime.	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block d document's effective date on the Departme	oes not meet the applicable statutory filing requirements, t nt of State's records.	his date will not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
■ The amendment(s) was/were adopted b by the shareholders was/were sufficien	the shareholders. The number of votes cast for the amendator approval.	nent(s)
	by the shareholders through voting groups. The following station of the amendment (s)	
"The number of votes east for the	amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopted by action was not required.	the board of directors without shareholder action and share	:holder
☐ The amendment(s) was/were adopted by action was not required.	the incorporators without shareholder action and sharehold	ler
DatedSignature	a Waichart	
	president or other officer – if directors or officers have not incorporator – if in the hands of a receiver, trustee, or other	
	ciary by that fiduciary)	Court
Dea	na Marchant	
	(Typed or printed name of person signing)	
Pre	sident/Secretary/Treasurer	
	(Title of person signing)	****