478837

| (Re | questor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | - |
| | | |
| (Cit | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| : | | |
| | | |
| | | |
| | | |

Office Use Only



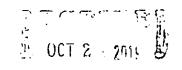
900334402659

09/25/19--01009--004 **35.00

2019 OCT 29 PH 5: 08

OCT 29 2019 C Kinsey





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 14, 2019

JOSE M HIGAREDA 921 SHOTGUN RD SUNRISE, FL 33326

SUBJECT: BOB'S BARRICADES, INC.

Ref. Number: 478837

We have received your document for BOB'S BARRICADES, 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):

The document submitted cannot be filed to make changes in the officers/directors of a corporation. Enclosed is the correct form for making these changes.

We are enclosing the proper form(s) with instructions for your convenience.

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

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

Catherine M Wood Regulatory Specialist II

Letter Number: 419A00021151

Articles of Amendment to Articles of Incorporation

 \mathbf{of}

| (Name of C | Corporation as c | <u>currently</u> | filed with the Florida D | ept. of Stat | <u>e</u>) | |
|---|-------------------|--------------------|----------------------------|-----------------------|------------|--|
| 4788: | 3 Z | | | _ | | |
| | (Document No | umber of | Corporation (if known) | | • | |
| ursuant to the provisions of section 607.10 s Articles of Incorporation: | 06, Florida Statu | tes, this F | Florida Profit Corporation | adopts the | followi | ng amendmen |
| If amending name, enter the new name | e of the corpora | tion: | | | | |
| ame must be distinguishable and contain Corp.," "Inc.," or Co.," or the designati ord "chartered," "professional associatio | on "Corp," "Inc | \dot{c} ," or "C | Co". A professional corp | rporated" oration nan | or the o | The new abbreviation t contain the |
| Enter new principal office address, if a | | | | | | |
| Principal office address <u>MUST BE A STR</u> | EET ADDRESS | <u> </u> | | | ₩ | 2019 |
| | | | | | i | 00 "1" |
| | | | | <u>-</u> | | <u></u> |
| Enter new mailing address, if applica | | | | | | о тр : |
| (Mailing address <u>MAY BE A POST OF</u> | FICE BOX | | | - | <u>.</u> . | |
| | | | | | | <u></u> |
| | | | | | | & |
| If amending the registered agent and/onew registered agent and/or the new recommendation. | | | | ame of the | | |
| Name of New Registered Agent | JOSE | M. | HIZAREDA | | | _ |
| | 921 | 5 407 | er address) | | | |
| | (F | lorida stre | et address) | | | |
| | | | | | | |
| New Registered Office Address: | SUNRIS | | City) | , Florida | 3 : | 3326 |

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> | 2 Jones | |
| X Add | <u>SV</u> <u>Sally</u> | <u> Smith</u> | |
| Type of Action (Check One) | Title | Name | <u>Addres</u> s |
| 1) Change | CFO | NARESH MUHABIR | 921 SHUTGUN ROAD |
| Add | | | SUNAISE FL 33326 |
| Remove | | | |
| 2) Change | CFO | JOSE M. HIGAREDA | 921 SHOTELH ROAD |
| <u></u> ⊁ Add | | | SUNRISE FL 3326 |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| | | | |
| Add | | | |
| Remove | | | |

| E. <u>If ameno</u> (Attach <i>a</i> | ding or adding additional additional additional sheets, if necessa | Articles, enter chairy). (Be specific) | nge(s) here: | | | |
|--|--|--|--|---|--------------|-------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | ······································ | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | · | *** | | |
| | | | | | | |
| | | | | | | · . - |
| | - | | <u> </u> | | | |
| · - | | | | | <u> </u> | |
| F. <u>If an am</u> provisio | nendment provides for an ons for implementing the | exchange, reclassif | ication, or cancel contained in the a | llation of issued sh imendment itself: | iares, | |
| (if) | not applicable, indicate N/. | 4) | | | | |
| | | | | | | <u>-</u> |
| · — · — | | | | | | |
| | · · · · | | | | | |
| | | | | | | - |
| | | | | <u>.</u> | | |
| | | | | | | |
| | | | | | | |

| The date of each amendment(s) adoption: date this document was signed. | 9 | 24 | 2019 | , if other than the |
|--|---|-----------------------------|--|--|
| Effective date <u>if applicable</u> : | | | | |
| | (no more the | an 90 days | after amendment fi | le date) |
| Note: If the date inserted in this block document's effective date on the Department | | | tatutory filing requi | rements, this date will not be listed as the |
| Adoption of Amendment(s) (9 | CHECK ONE) | | | |
| ☐ The amendment(s) was/were adopted by t by the shareholders was/were sufficient for | | The numb | er of votes cast for t | he amendment(s) |
| ☐ The amendment(s) was/were approved by must be separately provided for each vota | | | | |
| "The number of votes cast for the ar | • | | • • | |
| by | | | | |
| (| voting group) | | | |
| ☐ The amendment(s) was/were adopted by t action was not required. | he board of direc | tors withou | it shareholder actio | n and shareholder |
| The amendment(s) was/were adopted by t action was not required. | he incorporators | without sh | archolder action and | l shareholder |
| Dated 10 2 | 3/201 | CI | | |
| SignatureEd | ward. | ÖLL | ec | |
| (By a director, p | resident or other ncorporator – if i | officer – if in the hand | directors or officer s of a receiver, trust | |
| | edua | rd | Alter | |
| | (Typed or prin | ited name o | of person signing) | *************************************** |
| | <u> </u> | C | EO | |
| | (T | itle of pers | on signing) | |