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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

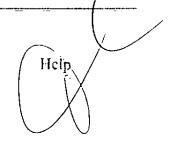
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COR AMND/RESTATE/CORRECT OR O/D RESIGN SAM'S EAST, INC.

Certificate of Status	0
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Page Count	03
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To:

Docusign Envelope ID 08EC945D-D935-4EA1-A8F4-FCFBD832211F

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (I-3 MUST BE COMPLETED)

F01000	0001766			
	(Document number of corporation (if known)			
Sam's East, Inc.				
(Name of corp	poration as it appears on the records of the Department	of Stat	le)	
AR	3. 04/02/2001 (Date authorized to do business in Florida)			
(Incorporated under lay	ws of) (Date authorized to	to do bi	usiness in Flor	ida)
	SECTION II			
(4-7 C	OMPLETE ONLY THE APPLICABLE CHANGES	S)		
If the amendment changes the name of the cincorporation?	corporation, when was the change effected under the la	ıws of i	ts jurisdiction	of
(Name of corporation after the amendment,	, adding suffix "corporation." "company," or "incorporation."	ated." o	or appropriate	abbreviation
not contained in new name of the corporation	on)			
(If new name is unavailable in Florida, enter	r alternate corporate name adopted for the purpose of tr	ransact	ing business i	n Florida)
If the amendment changes the period of	of duration, indicate new period of duration.		· ·	2
				172
	· · · · · · · · · · · · · · · · · · ·	-		2024 7.13
	(New duration)			
and the second second				-5-
. If the amendment changes the jurisdict	tion of incorporation, indicate new jurisdiction.			
				<u> </u>
	(New jurisdiction)		,	07
If amending the registered agent and/or new registered agent and/or the new regi	registered office address in Florida, enter the name of istered office address:	of the	-	
Name of New Registered Agent				
	(Florida street address)			
New Registered Office Address:		lorida_		<u> </u>
	(City)		(Zip Code)	
New Registered Agent's Signature, if ch				
I hereby accept the appointment as register	red agent. I am familiar with and accept the obligation	ns of th	e position.	
Signature of New Registe	ered Agent, if changing			

Docusign Envelope IO. 0BEC945D-D935-4EA1-A8F4-FCFBD832211F

Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
Secretary	Jarvis, Harley	702 SW 8th Street	Add
		Bentonville, AR 72716	i×₹emove
			Add
			L.Remove
			Add
		7.42.432	Add E
			L. Remove
··· <u></u>			Add
			I Remove
Attached is a of the applicat	certificate or document of similar tion to the Department of State, by s of which it is incorporated.	import, evidencing the amendment, outhentie the Secretary of State or other official having co	ated not more than 90 days prior to deliver ustody of corporate records in the jurisdiction
		Carla Sikes	
	(Signature a receiver Carla Sikes	of a director, president or other officer - if in too or other court appointed fiduciary, by that fidu	
			Assistant Secretary

FILING FEE \$35.00