

F98681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

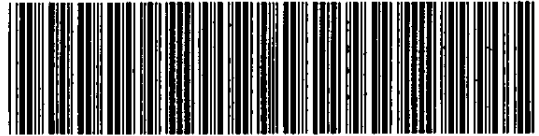
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/10--01043--018 **35.00

Amend

CLERK OF COURT
TALLAHASSEE, FLORIDA

10 MAY 10 PM 3:27

FILED

Roberts MAY 10 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2010 MAY 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 3, 2010

ALYSSA HENRY
HUDSON'S FURNITURE SHOWROOM, INC.
3290 W. SR #46
SANFORD, FL 32771

SUBJECT: HUDSON'S FURNITURE SHOWROOM, INC.
Ref. Number: F98681

We have received your document for HUDSON'S FURNITURE SHOWROOM, 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 complete page 1 with the name and document # for your corporation.

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

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

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.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 910A00010887

COVER LETTER

**TO: Amendment Section
Division of Corporations**

NAME OF CORPORATION: HUDSON'S FURNITURE SHOWROOM, INC

DOCUMENT NUMBER: F98681

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

Please return all correspondence concerning this matter to the following:

Alyssa Henry
Name of Contact Person

HUDSON'S FURNITURE SHOWROOM, INC
Firm/ Company

3290 W. SR #46
Address

Sanford FL 32771
City/ State and Zip Code

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

For further information concerning this matter, please call:

Alyssa Henry at (407) 708-5656
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

HUDSON'S FURNITURE SHOWROOM, INC.

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

F98681

(Document Number of Corporation (if known))

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**)

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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10 MAY 10 PM 3:27
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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

(Florida street address)

(City)

_____, Florida
(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)

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>	
<u>VP</u>	<u>Jackie Hughes</u>	<u>3290 W SR#46</u> <u>Sanford FL 32771</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	
<u>CEO</u>	<u>C Fred Hudson, III</u>	<u>3290 W SR#46</u> <u>Sanford FL 32771</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	(change current listed info to CEO, not PD)
<u>PD</u>	<u>Joshua L Hudson</u>	<u>3290 W SR#46</u> <u>Sanford FL 32771</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	(change current listed info to PD, not VP)

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: 5-7-2010
(date of adoption is required)

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 5-7-10

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)

C. Fred Hudson III
(Typed or printed name of person signing)

CEO

(Title of person signing)