## 418902

| (Requestor's Name)                      |
|---|
| (Address)                               |
| ( and a second                          |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| (Only) States Elph Hollo II)            |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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10/17/12--01015--018 \*\*35.00

12 OCT 17 AH11: 40

Amend 10/17/12

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPOR            | ATION: LUCKY LO  | UIS', INC  |   |
|---------------------------|--|--|---|
| DOCUMENT NUMB             | <sub>ER:</sub> H18902  |  |   |
|                           | f Amendment and fee are su   | bmitted for filing.  |   |
| Please return all corresp | oondence concerning this ma  | tter to the following:   |   |
| (                         | CHACONAS, LO   | UIS JAMES  |   |
| -                         |  | Name of Contact Person   | n   |
| -                         | 6 S. MYRTLE AV   | Firm/ Company  |   |
| <u>-</u>                  | O O. WITKILL AV  | Address  |   |
| [                         | LEARWATER FL   | 33756  |   |
|                           |  | City/ State and Zip Cod  | e   |
|                           |  |  |   |
| <del></del>               | E-mail address: (to be us  | sed for future annual report                                       | notification)   |
| For further information   | concerning this matter, pleas  | se call:   |   |
| CHACONAS,                 | LOUIS JAMES  | <sub>at (</sub> 727  | de & Daytime Telephone Number   |
| Name of                   | Contact Person   | Area Co  | de & Daytime Telephone Number   |
| Enclosed is a check for   | the following amount made p  | 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)    |
| Amer<br>Divis<br>P.O. 1   | ing Address adment Section ion of Corporations Box 6327 hassee, FL 32314 | Ameno<br>Divisio<br>Clifton<br>2661 E                              | Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301 |

## Articles of Amendment to Articles of Incorporation of



## LUCKY LOUIS', INC

|  | Jurida Dent of State)   |
|--|---|
| (Name of Corporation as currently filed with the F   | lorida Dept. of State)  |
| H18902   |   |
| (Document Number of Corporation (i   | f known)  |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this a its Articles of Incorporation:  | Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation:  |   |
|  | The new   |
| name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation " | Co". A professional corporation name must contain the           |
| B. Enter new principal office address, if applicable:  |   |
| (Principal office address <u>MUST BE A STREET ADDRESS</u> )  |   |
|  |   |
|  |   |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)  |   |
| (Muning address MAI BE A FOST OFFICE BOX)  |   |
|  |   |
|  |   |
| D. If amending the registered agent and/or registered office addr<br>new registered agent and/or the new registered office address   | ress in Florida, enter the name of the                          |
| Name of New Registered Agent   | <u></u>   |
|  |   |
| (Florida str   | eet address)  |
| New Registered Office Address:   | , Florida   |
| (City)   | (Zip Code)  |
|  |   |
| New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v   | twith and accept the obligations of the position.               |
|  |   |
| Signature of New Registered A  | 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)

Example:

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) | <u>Title</u> | <u>Name</u>      | Address             |
| 1) X Change                | <u>vs</u>    | CHACONAS, NICOLE | 6 S. MYRTLE AVE.    |
| Add                        |              |                  | CLEARWATER FL 33756 |
| Remove                     |              |                  |                     |
| 2) Change                  |              |                  |                     |
| Add                        |              |                  |                     |
| Remove                     |              |                  | <del></del>         |
| 3) Change                  |              |                  |                     |
| Add                        |              |                  |                     |
| Remove                     |              |                  |                     |
| 4) Change                  |              |                  |                     |
| Add                        |              | /                |                     |
| Remove                     |              |                  |                     |
| 5) Change                  |              |                  |                     |
| Add                        |              | ,                |                     |
| Remove                     |              |                  |                     |
| 6) Change                  | <del> </del> |                  |                     |
| Add                        |              | ,                |                     |
| Remove                     |              |                  |                     |

| amending or adding additional Arti<br>ttach additional sheets, if necessary). | (Be specific)  |
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| an amendment provides for an exch   | nange, reclassification, or cancellation of issued shares, |
| orovisions for implementing the ame<br>(if not applicable, indicate N/A)      | endment if not contained in the amendment itself:          |
| (y noi applicable, materiae 1921)   |  |
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| The date of each ame                 | endment(s) adoption: $\frac{10/12/12}{}$   |  |  |  |
|--------------------------------------|--|--|--|--|
| Effective date <u>if appl</u>        | icable:/0/12/12  |  |  |  |
|                                      | (no more than 90 days after amendment file date)   |  |  |  |
| Adoption of Amendm                   | nent(s) ( <u>CHECK ONE</u> )   |  |  |  |
| The amendment(s) by the shareholder  | was/were adopted by the shareholders. The number of votes cast for the amendment(s) s was/were sufficient for approval.  |  |  |  |
|                                      | was/were approved by the shareholders through voting groups. The following statement 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)   |  |  |  |
|                                      | (voling group)   |  |  |  |
| The amendment(s) action was not requ | was/were adopted by the board of directors without shareholder action and shareholder ired.  |  |  |  |
| The amendment(s) action was not requ | was/were adopted by the incorporators without shareholder action and shareholder ired.   |  |  |  |
| Date                                 | nature Louis J. Chaconas   |  |  |  |
| Sigr                                 | nature Louis J. Chaconas   |  |  |  |
|                                      | (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) |  |  |  |
|                                      | Louis J. Chaconas  |  |  |  |
| •                                    | (Typed or printed name of person signing)  |  |  |  |
| President Tres                       |  |  |  |  |
| •                                    | (Title of person signing)  |  |  |  |