H42206

(Re	equestor's Name)	 		
(Ac	idress)			
(Ac	ddress)	<u> </u>		
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Dc	ocument Number)			
Certified Copies	_ Certificates	of Status		
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2018 AUG 30 AM 8: 31 SECRETARY DE STATI

R. WHITE SEP 0 5 2018

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: D.E. FOELLER S	SALES, INC.		
DOCUMENT NUMB	ER: H42206			
The enclosed Articles of	of Amendment and fee are su	ibmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
:	SCOTT D. FOELLER, ES	QUIRE		
-		Name of Contact Person	<u> </u>	
1	HODGES AVRUTIS & FO	ELLER		
-		Firm/ Company		
1	PO BOX 4137	Time Company		
-	 	Address		
:	SARASOTA, FL 34230			
-		City/ State and Zip Cod	੯	
SDF@)HODGESAVRUTIS.COM	1		
	E-mail address: (to be us	sed for future annual report	notification)	
For further information SCOTT D. FOELLEF	concerning this matter, pleases,	941	、955-7300 XTN 203	
Name of Contact Person		at (Area Co) de & Daytime Telephone Number	
	the following amount made			
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 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 ED Articles of Incorporation

D.E. FOELLER SALES, INC.

2018 AUG 30 AM 8: 31

(<u>Name</u>	of Corporation as curren	itly filed with the Florid:	Dept of State)	
H42206	TALLAHASSEE, FL			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 60 its Articles of Incorporation:	7.1006, Florida Statutes, th	is Florida Profit Corpora	tion adopts the following amendment(s) to	
A. If amending name, enter the new r	name of the corporation:			
name must be distinguishable and co. "Corp.," "Inc.," or Co.," or the desig word "chartered," "professional associ	nation "Corp," "Inc," or	"Co". A professional e		
B. Enter new principal office address				
(Principal office address MUST BE A.	<u>STREET ADDRESS</u>)			

C. Enter new mailing address, if applicable:		PO BOX 4137		
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)	SARASOTA, FL 34	1230	
D. If amending the registered agent a	nd/or registered office ad	dress in Florida, enter th	ne name of the	
new registered agent and/or the no				
Name of New Registered Agent	ne of New Registered Agent SCOTT D. FOELLER, ESQUIRE			
	201 FLETCHER AVE			
	(Florida :	street address)		
New Registered Office Address:	SARASOTA		, Florida 34237	
New Registered Office Mauress.		(City)	, Plorida(Zip Code)	
New Registered Agent's Signature, if	changing Registered Ager	<u>ıt:</u>		
I hereby accept the appointment as regis	tered agent. I om familiai	r with and accept the oblig	zations of the position.	
	Solo			
1/1				
-	Signature of New	Registered Agent, if chan	ging	

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	<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	mith_	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change	PST		DOUGLAS E FOELLER	110 137TH ST
Add x Remove				BRADENTON, FL 34212
2) Change	PST	_	SCOTT D. FOELLER, ESQUIRE	201 FLETCHER AVE
X Add				SARASOTA, FL 34237
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change		_ 		
Add				
Remove				

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(i)	not applicable,	indicate N/A)	nament ii not c	meanica in eqe	amendment 113	<u>cn.</u>	
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AUGUST	
The date of each amendment(s) adoption:	, if other than the
AUGUST 1, 2018	
Effective date if applicable: (no more than 90 days after amendment fil	e date)
Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the by the shareholders was/were sufficient for approval.	ne amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The formust be separately provided for each voting group entitled to vote separately on the ame	
"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 action was not required.	and shareholder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and action was not required.	shareholder
Dated	
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, truste appointed fiduciary by that fiduciary)	e, or other court
Scott D. Foelles	
(Typed or printed name of person signing)	
Hes. Lent	
(Title of person signing)	

. . . .