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### COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Creative Workshop Stores, Inc DOCUMENT NUMBER: \_\_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Jerry Lewitt Name of Contact Person Creative Workshop Stores, Inc Firm/ Company 3704 Sunningdale Way Address Durham, North Carolina 27707 City/ State and Zip Code jerry(a)creativeworkshop.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (<u>352</u>) 284 1940 Area Code & Daytime Telephone Number Jerry Lewitt Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)

> Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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

J17221 Creative Workshop Stores, Inc.

(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. <u>Enter new principal office address, if applicable:</u> (*Principal office address MUST BE A STREET ADDRESS*)

C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)



# 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	Jerry M. Lewitt	
	18960 NW 10 Street	
	(Florida street address)	
<u>New Registered Office Address:</u>	Pembroke Pines, Florida	, Florida 33029
<b></b>	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent. Tam 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)

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:

<u>X</u> Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>_Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change	····		
Add			<b></b>
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

## E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

Address Change for the registered agent. New Address is Jerry M. Lewitt 18960 NW 10 Street Pembroke Pines, Florida 330:229

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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)	

\_\_\_\_\_

• • • •	October 31, 2018	
The date of each amendment(s) ad late this document was signed.	loption:	, if other than the
rate this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
<b>Note:</b> If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this partment of State's records.	date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were ado by the shareholders was/were su	pted by the shareholders. The number of votes east for the amendmer fficient for approval.	at(s)
	roved by the shareholders through voting groups. <i>The following state</i> each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes east	for the amendment(s) was/were sufficient for approval	
hy	(voting group)	
	(voting group)	
The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareho	ılder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
10-31-2018 Dated		
Signature	M Conto	
(By a d	rector, president or other officer – if directors or officers have not bee	en
selected	d, by an incorporator - if in the hands of a receiver, trustee, or other co	ourt
appoint	ted fiduciary by that fiduciary)	
	Jerry M. Lewitt	

(Typed or printed name of person signing)

Vice President

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(Title of person signing)