33360

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	·
(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

Ç,

NAME OF CO	RPORATION: Moore's True Val	ue Hardware, Inc	
DOCUMENT I	120663	•	
The enclosed A	rticles of Amendment and fee are s	ubmitted for filing.	
Please return all	correspondence concerning this ma	atter to the following:	
	Carol Throop		
		Name of Contact Persor	1
	Moore's True Value Hardwa	ıre, INC	
		Firm/ Company	
	7070 Seminole Pratt Whitne	• •	
	·	Address	
	Loxahatchee, Fl 33470		
		City/ State and Zip Code	e
	moorestv@comcast.net		
	•	sed for future annual report	notification)
			•
For further infor	mation concerning this matter, plea	se call:	
Carol Throop		at (⁵⁶¹	333-5090
1	Name of Contact Person		de & Daytime Telephone Number
Enclosed is a ch	eck for the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing F	Fee Suppose See See See Status See See See 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	Amend Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle eassee, FL 32301

Articles of Amendment Articles of Incorporation

IHEE

Moore's True Value Hardware, Inc		15 OCT 26 ANTH: 12
(Name o	f Corporation as currently	filed with the Florida Dept. of State)
J30662		TALLATIABLE FT 1945
	(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
		The new
"Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated B. Enter new principal office address, (Principal office address MUST BE A STATE OF A STATE OF THE PROPERTY	ation "Corp," "Inc," or "Clion," or the abbreviation "I if applicable: TREET ADDRESS) cable: DFFICE BOX	
new registered agent and/or the new		
Name of New Registered Agent	Carol Throop	
	7070 Seminole Pratt Whitn	
	(Florida stre	et address)
New Registered Office Address:	Loxahatchee	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as register.	nanging Registered Agent: ered agent. I am familiar w	ith and accept the obligations of the position.

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 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>	<u>Addres</u> s
1) Change	PD	John Throop	7070 Seminole Pratt Whitney Rd
Add			Suite 16
x Remove			Loxahatchee, Fl 33470
2) Change	PD	Carol Throop	7070 Seminole Pratt Whitney Rd
x Add			Suite 16
Remove			Loxahatchee, Fl 33470
3) Change			
Add			
Remove			· · · · · · · · · · · · · · · · · · ·
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Damova			

If amending or adding additional Arti Attach additional sheets, if necessary).	(Be specific)
·	
f an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) acd ate this document was signed.	loption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, this date will partment of State's records.	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 cast for the amendment(s) fficient for approval.	
	roved by the shareholders through voting groups. The following statement 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)	
	(voting group)	
☐ The amendment(s) was/were ado action was not required.	pted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	23/20-15	
selected	frector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court and fiduciary by that fiduciary)	_
	Carol Throop	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	