

562856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

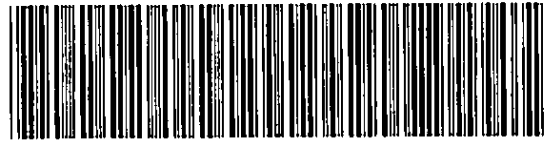
(Business Entity Name)

(Document Number)

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11/13/18--01022--011 **52.50

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2018 DEC -6 PM 1:17
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DEC 07 2018

ALDRITTON

11/26/18 CORPORATE DETAIL RECORD SCREEN 3:48 PM
NUM: J62856 ST:FL ACTIVE/FL PROFIT FLD: 03/19/1987
LAST: CANCEL ADM DISS/REV FLD: 11/14/2005
FEI#: 59-2785474
NAME : BULLARD DISTRIBUTORS, INC.
PRINCIPAL: 3001 N.E. 6TH AVENUE CHANGED: 04/05/11
ADDRESS WILTON MANORS, FL 33334
MAILING : 5306 MC KINLEY ST. CHANGED: 03/15/12
ADDRESS HOLLYWOOD, FL 33021-4637
RA NAME : CUPSTID, MANLEY L JR NAME CHG: 05/01/00
RA ADDR : 5306 MCKINLEY ST ADDR CHG: 01/09/06
HOLLYWOOD, FL 33021 US
ANN REP : (2016) W 03/17/16 (2017) W 02/23/17 (2018) W 04/03/18

CD/TITLE

1. MENU, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR:

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Bullard Distributors, Inc.

DOCUMENT NUMBER: J62856

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

Please return all correspondence concerning this matter to the following:

Linda A Crm Damiani
Name of Contact Person
The Bedpost / Bullard Distributors
Firm/ Company
3001 NE 6th Ave
Address
W. Town Manors 33334
City/ State and Zip Code
bedpostfurn@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Crm Damiani at (954) 564-5100
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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input checked="" type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 26, 2018

LINDA A. CRIM DAMIANI
THE BEDPORT - BULLARD DISTRIBUTORS, INC.
3001 NE 6TH AVE
WILTON MANORS, FL 33334

SUBJECT: BULLARD DISTRIBUTORS, INC.
Ref. Number: J62856

We have received your document for BULLARD DISTRIBUTORS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the title of the officer listed.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 418A00024089

RECEIVED

2018 DEC -6 AM 11:143

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Amendment
to
Articles of Incorporation
of

Bullard Distributors, Inc.

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

J62856

(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)

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

(Florida street address)

New Registered Office 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)

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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	M	Tobin A Crim	7561 NW 16th St Unit 2101 Plantation, FL 33313
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

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

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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)

[illegible]

The date of each amendment(s) adoption: 11/8/18, if other than the date this document was signed.

Effective date if applicable: 11/8/18
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/8/18

X Signature

Linda A Cîm Damianî
(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)

Linda A Cîm Damianî
(Typed or printed name of person signing)

President
(Title of person signing)