

K07759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

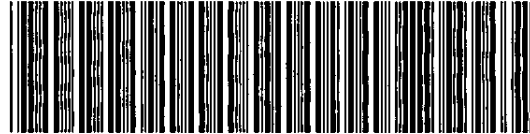
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/01/14--01031--019 **385.00

FILED STATE
SECRETARY OF REVENUE
14 DEC -1 PM 3:08

Amend
12.8.14



Swap Shop Management, L.L.C.

Managing Swap Shops, Fleamarkets & Theatres.

3291 WEST SUNRISE BLVD. FORT LAUDERDALE, FLORIDA 33311-6401

Phone: 954-791-7927 Fax: 954-792-7962

November 25, 2014

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

RE: Corporate Officers/Registered Agent Changes

To Whom It May Concern,

Attached are eleven Registered Agent and/or Corporate Officer changes. Check # 1147 is enclosed in the amount of \$385.00 for all eleven corporations and/or LLC's.

If you have any questions I can be reached at 954-792-7963.

Sincerely,

Betty D. Henn

FILED
SECRETARY OF STATE
14 DEC -1 PM 3:00

Articles of Amendment
to
Articles of Incorporation
of

LAKE SHORE SWAP & MOTEL, INC.

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

K07759

(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

ROGER ALLEN

3438 LAKE WORTH ROAD

(Florida street address)

New Registered Office Address:

LAKE WORTH

(City)

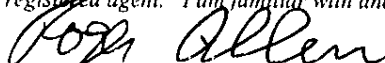
Florida

33461

(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

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

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: NOVEMBER 25, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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 NOVEMBER 25, 2014

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, trustee, or other court appointed fiduciary by that fiduciary)

BETTY D. HENN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)