Division of Corporations Division of Corporations

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)634-3694 : (305)633-9696 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

COR AMND/RESTATE/CORRECT OR O/D RESIGN DESIGN DEPOT FURNITURE, INC.

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EMPIRE CORP KIT

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Articles of Amendment to Articles of Incorporation of

DESIGN DE	OT FURNITU	IRE, INC.			*
(Name of Corporation as corre	utly filed with the Flori	da Dept. of State)			
K	(99618				
(Document Numi	ber of Corporation (if kn	own)			
Pursuant to the provisions of section 607,1006, Fits Articles of Incorporation:	lorida Statutes, this Flo	rida Profii Corporation w	dopts the following	; amendment(s)	to
A. If amending name, enter the new name of	the corporations				
				The new	
name must be distinguishable and contain the "Corp.," "Ino.," or Co.," or the designation "yord "chartered," "professional association," o	'Corp," "Inc," or "Co"	'. A professional corpan	orated" or the ab otton name must c	breviation ontain the	
3. <u>Enter new principal office address, if anoli</u> Principal office address <u>MUST BB A STREET</u>	cable; "ADDRESS")				
	-				
Enter new majling address, if applicable; (Mailing address MAY BE A POST OFFICE	E BOX)				
	<u>-</u>				
). If amending the registered agent and/or re- new registered agent and/or the new regist	gistered office address ered office address;	in Florida, cuter the pap	ne of the		
Name of New Registered Agant					
	· · · · 				
	(Floricki street a	ddress)			
New Registered Office Address:	(Clay)	, Plorida	(Zip Code)		
	V=-77		,		
low Registered Acept's Signature, if changing hereby accept the appointment as registered age	: Registered Avents unt. I am familiar with	and accept the obligations	s of the position.		
		_	7	چ ي	
Signature	of New Registered Agen	l, if changing	LLAH	ECRE	٦
			·	.≅	J ***

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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 thesis, if necessary)

Please note the afficer/director title by the first letter of the office title: P = President; V = Vice President; T = Treaturer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer, if un 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 Dae 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>er</u>	John Doe	
X Remove	Y	Mike Iones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
1) Change	۷P	Mauricio Guaragiaba	9801 NW 23RD STREET
1) Change Add			DORAL, FL 53172
Remove		•	
2) Change			
Add Remove			
Kontove			
3) Change			
Add			
4) Change .			
Add			
Remove .			
5) Change			
Add			
Remove			
_			
6) Change Add			
Add Remove			
		i e	

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The date of each amondmentis) edoption: May 1, 2012	
Effective date if amilicable:		٠ ;
THE PROPERTY OF THE PROPERTY O	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHRCK ONE)	
☐ The amendment(s) was/were by the shareholders was/were	sdopted by the shareholders. The number of votes cast for the amendment(s) a sufficient for approval.	
	approved by the shareholders through viting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes o	ast for the amendment(s) was/were sufficient for approval	
by	*	
	(voting group)	
action was not required,	adopted by the board of directors without shareholder action and shareholder adopted by the incorporators without shareholder action and shareholder	
aotion was not required,	suched of the medical annual annual denotes and successed	
	y 1, 2012	
, Signature X	Pour	
(By	a director, predident or other officer - if directors or officers have not been cost, by an incorporator - if in the hands of a receiver, trustee, or other court cointed fiduciary by that fiduciary)	
	Cesar Amaral	
	(Typed or printed name of person signing)	
	Vice President	
	(Title of person algaing)	

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