المسته تشتقاره

NO900006494

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N.C. C.COULLIETTE JUL 21 2009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: NATIONAL S	UPERMARKETS ASSO	OCIATION OF FLORIDA, INC.
DOCUMENT NUM	BER: N09000006494		
The enclosed Articles	s of Amendment and fee are su	bmitted for filing.	
Please return all corre	espondence concerning this ma	tter to the following:	
		an Burgess	
	(Name of	f Contact Person)	,
	USA Corpo	orate Services Inc.	
	(Firm	n/ Company)	
	19 W. 34th	Street Suite 1018	
	(Address)	
	New Yo	ork, NY 10001	
 		ate and Zip Code)	
		a-corporate.com ed for future annual report notific	eation)
For further information	on concerning this matter, pleas	•	,
Sean Burgess		at (212) 239-509 (Area Code & Dayti	50 ext. 109
(Name	of Contact Person)	(Area Code & Dayti	me Telephone Number)
Enclosed is a check f	or the following amount made	payable to the Florida Departmer	nt of State:
☑ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
	ing Address adment Section	Street Address Amendment Section	
P.O.	ion of Corporations Box 6327 hassee, FL 32314	Division of Corporati Clifton Building 2661 Executive Cente	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

NATIONAL SUPERMARKETS ASSOCIATION OF FLORIDA, IN C.

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

N0900000	06494	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 617.1006, Florida the following amendment(s) to its Articles of Incorpora		Corporation adopts
A. If amending name, enter the new name of the cor	poration:	
NATIONAL SUPERMARKET ASSOC	IATION FLORIDA CHAPTER, I	NC.
The new name must be distinguishable and contain the abbreviation "Corp." or "Inc." "Company" or "Co."	he word "corporation" or "incorpor may not be used in the name.	cated" or the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADD</u>)		~ 4
 C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered new registered agent and/or the new registered of the new re	ed office address in Florida, enter th	SECRETARY OF STATE ALLAHASSEE.FLORIDA
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
	, Fl	orida (Zip Code)
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Regist I hereby accept the appointment as registered agent. position.		e obligations of the
Simatura	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)

Title <u>Name</u> Address **Type of Action** ☐ Add ☐ Remove ____ ☐ Remove _____ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

The date of each amendment(s) a	doption: July 7, 2009
	(date of adoption is required)
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ad was/were sufficient for approval	lopted by the members and the number of votes cast for the amendment(s)
There are no members or mem adopted by the board of directo	bers entitled to vote on the amendment(s). The amendment(s) was/were
have no	thairman or vice chairman of the board, president or other officer-if directors to been selected, by an incorporator – if in the hands of a receiver, trustee, or ourt appointed fiduciary by that fiduciary)
	Ajay Dhawan (Typed or printed name of person signing)
	President
_	(Title of person signing)

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