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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NCT 21 PM 2: 07

Amenda 11

COVER LETTER

TO: Amendment Section

Division of Corporations
NAME OF CORPORATION: FACTORY DIRECT SUPPLY INC
DOCUMENT NUMBER: P000000 70989
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
LORENE K-EMERSON Name of Contact Person
FACTORY DIRECT SUPPLY INC
1702 SW BAYSHORE BIND Address
POST ST LUCIE FI 34984 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lorene Kemerson at (772) 528.2903 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:
S35 Filing Fee
Mailing Address Street Address
Amendment Section Amendment Section
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment

to

Articles	of Incorp	oration
	of	

(Name of Corporation as current	thy filed with the Florid	la Dept. of State	(,
(Document Number	er of Corporation (if kno	own)	
Pursuant to the provisions of section 607.1006, amendment(s) to its Articles of Incorporation:			pts the following
A. If amending name, enter the new name of the	he corporation:		
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the de name must contain the word "chartered," "profes	esignation "Corp," "Inc	c," or "Co". A professional co	_The new d" or the orporation
B. Enter new principal office address, if applic (Principal office address MUST BE A STREET.)			-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>		DIVI
D. If amending the registered agent and/or reg new registered agent and/or the new registe		n Florida, enter the name of t	NISION OF CORPORATION NISION OF CORPORATION 11 DCT 21 PH 2:0
Name of New Registered Agent:		····	78 PR 98 ST
New Registered Office Address:	(Florida street d	oddress)	2:01
	(City)	, Florida (Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agen	Registered Agent:	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)

<u>Title</u>	Name	Address	Type of Action
<u>VP</u>	Anthony Sardinia	1702 SW BAYSHOR POLT ST LUCK F1 34984	☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
	or adding additional Articles, enter clional sheets, if necessary). (Be specific		
provisions t	dment provides for an exchange, reclassor implementing the amendment if no oplicable, indicate N/A)		

The date of each amendment(s)	adoption: 10 - 18 - 2011
	(date of adoption is required)
Effective date <u>if applicable</u> :	0 - 18 - 201 so more than 90 days after amendment file date)
γ	
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.
	approved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
. (ve	oting group)
The amendment(s) was/were a action was not required.	idopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder
Dated	18/3011
selecte	Inector, 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 ted fiduciary by that fiduciary)
	LORENE KEMERSON
	(Typed or printed name of person signing) (Title of person signing)