## P00000088748

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Anna/M

TALLAHASSEE, FLORIDA

\* Roberta SEP 1 3 2010

## COVER LETTER

TO: Amendment Section **Division of Corporations** TWO STREETS ANTIQUES INC NAME OF CORPORATION: P000000 88748 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: JAMES DE VERCELLY

Name of Contact Person Two Stasets ANTIQUES INC 20 OSCEOLA STAGRT
Address

STUANT, FL 34994

City/ State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Igentians MASON at (77) 334-0204

Jame of Contact Person Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee **□ \$43.75** Filing Fee & **□\$43.75** Filing Fee & ☐ \$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address **Amendment Section Amendment Section** 

**Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** Clifton Building 2661 Executive Center Circle Tailahassee, FL 32301

## **Articles of Amendment** to

to	free .
Articles of Incorporation	full per
of	
- O A	10 SFP .
Two Stasses ANTIQUES, INC.	10 SEP 10 PH 2: 20
(Name of Corporation as currently filed with the Florida Dept. of State)	TAIS CNETS BY
	ALLAHASSEE, FLORIOA
P000000 88748	
(Document Number of Corporation (if known)	HO.

lowing

A. If amending name, enter the new name of the	corporation:	
TWO STREETS ESTATE:	Jewelry + DE	CONATIVE ARTS INC The new
name must be distinguishable and contain the abbreviation "Corp.," "Inc.," or Co.," or the desiname must contain the word "chartered," "professi	word "corporation," ignation "Corp," "In	"company," or "incorporated" or the c," or "Co". A professional corporation
B. Enter new principal office address, if applical	ble: 20	OSCEOLA STASSY
(Principal office address <u>MUST BE A STREET A</u>	NNDECC \	uant, F2 34994
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE )	BOX)	DSCEDLA STASST
		LANT, FL 34994
D. If amending the registered agent and/or registered new registered agent and/or the new registered	tered office address i	n Florida, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	(Florida street address)	
		, Florida
		(Zip Code)
	(City)	(Zip Code)

## 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
TD.	CHRISTIAN DEVERCELLY	1861 SE BEVING DRIVE PORT OF LUCIS, FL 34952	Add Remove
			☐ Add ☐ Remove
			Add Remove
	ng or adding additional Articles, enter itional sheets, if necessary). (Be speci		
provisions	ndment provides for an exchange, rec		
(ij not	applicable, indicate N/A)		· · · · · · · · · · · · · · · · · · ·

The date of each amendmen	t(s) adoption:	(date of adoption	2010	
	ا م ا م	(date of adoption	n is required)	
Effective date <u>if applicable</u> :	(no more than 9	0 0 days after amend	ment file date)	
	(110 110 110 110 110 110 110 110 110 110	• ••• •• •• •• •• •• •• •• •• •• •• ••		
Adoption of Amendment(s)	(CH	ECK ONE)		
The amendment(s) was/we by the shareholders was/w	ere adopted by the ere sufficient for a	shareholders. The approval.	number of votes cast for	the amendment(s)
The amendment(s) was/we must be separately provide				
"The number of votes	cast for the amend	dment(s) was/were	sufficient for approval	
by			*"	
<u> </u>	(voting group)		<del></del>	
The amendment(s) was/we action was not required.	ere adopted by the	board of directors	without shareholder action	on and shareholder
The amendment(s) was/we action was not required.	ere adopted by the	incorporators with	out shareholder action an	ıd shareholder
Dated9	7.10			
Signature_	2 of	V cccj	ic F	
(B) sek	ected, by an incorr	ent or other officer porator – if in the h	- if directors or officers ands of a receiver, trustee	
	ointed fiduciary b			
			· •	
		JAMET D	e of person signing)	
	(Тур	ped or printed name	e of person signing)	
		Projosz	17	
	(Title of	person signing)		