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(Re	equestor's Name)	
(Ad	Idress)	
(Ac	ddress)	_
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nar	ne)
(Document Number)		
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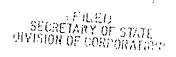
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Des	ign furniture consignment Inc.
DOCUMENT NUMBER: 59-	3691525
The enclosed Articles of Amendment and	fee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
5314 500	Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person The Contact Person Firm Company OTh FLORIDA AUC. Address Address City/ State and Zip Code
LHKE LAN	City/ State and Zip Code
E-mail address For further information concerning this ma	(to be used for future annual report notification)
JANICE MALONE	at (<u>863</u>) <u>669 5680</u> Area Code & Daytime Telephone Number
Enclosed is a check for the following amou	unt made payable to the Florida Department of State:
□ \$35 Filing Fee □\$43.75 Filing Certificate of	·
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2016 NOY 28 PM 1: 47

(Name of Corporation as currently	filed with the Florida Dept. of State)
Design Furniture Con (Document Number of	SIGNIMENT INC. PODDOOIL
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this F_0 its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
Design fusifiere Consignment All name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "P.	o". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	N I /B
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered office addressing new registered agent and/or the new registered office address:	ss in Florida, enter the name of the
01/0	7
Name of New Registered Agent	
(Florida stree	a address)
New Registered Office Address:	Florida N/A (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with	th and accept the obligations of the position.
Sionature of New Res	gistered 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)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an 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 Doe 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.

X Change	PT John Doe	
X Remove	V <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address
1) Change	N/A	
Add		
Remove		
2)Change	N/A	
Add		
Remove		
3) Change	<i>N/</i> A	
Add		
Remove		
4) Change	- N/A	
Add	,	
Remove		
5) Change	N/A	
Add	,	
Remove		
6)Change		
Add		
Remove		

	if necessary). (Be s	2			
· · · · · · · · · · · · · · · · · · ·	<i>N/F</i>				
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»V					
	 				
<u>in amendment provide</u> Ovisions for implemen	<u>es for an exchange, r</u> ating the amendmen	reclassification, of t if not contained	<u>r cancellation of is:</u> in the amendment	iued shares, itself:	•
(if not applicable, inc	dicate N/A)	t ii not contained	in the unchantent	100111	
	N_{ℓ}	10			
		<u> </u>			
				<u>.</u> ,	
					
					
					 -

The date of each amendment(s) adoption:	of cours and it other than the
date this document was signed.	DIVISION OF CORPORATIONS
Effective date if applicable: NOV-28-2016 (no more than 90 days after a	2016 NOV 28 PM 1: 47
(no more than 90 days after t	итенитені зне шиез
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of v by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting g must be separately provided for each voting group entitled to vote separate	
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by(voting group)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shar action was not required.	eholder action and shareholder
The amendment(s) was/were adopted by the incorporators without sharehold action was not required.	der action and shareholder
Dated //-Z3-2016	
Signature	
(By a director, president or other officer – if direct selected, by an incorporator – if in the hands of a rappointed fiduciary by that fiduciary)	
TANICE MALONS (Typed or printed name of person	<u>e</u>
(Typed or printed name of person	on signing)
President	

(Title of person signing)