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SECRETARY OF STATE

C. GOLDEN

JUL 1 9 2018

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: BRUCE'S WAR | EHOUSE DIRECT, INC |
|--|--|
| DOCUMENT NUMBER: P01000081545 | |
| The enclosed Articles of Amendment and fee are | submitted for filing. |
| Please return all correspondence concerning this n | natter to the following: |
| JAMES H COLLIER | |
| | Name of Contact Person |
| COLLIERS ACCOUNTIN | G SERVICES INC |
| | Firm/ Company |
| 8812 SHENANDOAH LN | · |
| 6177-1 | Address |
| HUDSON ,FL 34667-272 | 1 |
| · | City/ State and Zip Code |
| JCOLL158@YAHOO.COM | |
| ~ | used for future annual report notification) |
| For further information concerning this matter, ple JAMES H COLLIER | rase call:at () |
| Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount made | |
| ■ \$35 Filing Fee | □S43.75 Filing Fee & □S52.50 Filing Fee Certified Copy (Additional copy is enclosed) □S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| 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

FILED

2018 JUL 16 PM 4: 05

BRUCE'S WAREHOUSE DIRECT, INC.

| (Name of Comments | SECRETARY OF STATE |
|--|--|
| P01000081545 | on as currently filed with the Florida Dept. of STATE AHASSEE, FLORIDA |
| (Docume | ent Number of Corporation (if known) |
| Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation: | Statutes, this Florida Profit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the con | rporation: |
| | The new |
| | l "corporation," "company," or "incorporated" or the abbreviation " "Inc," or "Co". A professional corporation name must contain the abbreviation "P.A." |
| B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADD.</u> | |
| | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u> | <u> </u> |
| D. If amending the registered agent and/or registere new registered agent and/or the new registered of | |
| Name of New Registered Agent | |
| | (Florida street address) |
| New Registered Office Address: | , Florida |
| | (City) (Zip Code) |
| New Registered Agent's Signature, if changing Regi | stered Agent: |
| I hereby accept the appointment as registered agent. I | am familiar with and accept the obligations of the position. |
| | |
| | |

Signature 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)

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.

| Example: XChange | <u>PT</u> | John Doc | | |
|----------------------------|--------------|----------------|--------------|-----------------------|
| X Remove | <u>V</u> | Mike Jon | <u>es</u> | |
| X Add | <u>sv</u> | Sally Smi | <u>th</u> | |
| Type of Action (Check One) | <u>Title</u> | j | <u>Name</u> | <u>Addres</u> s |
| 1) Change | P | _ | KEVIN BULLIS | 9536 GRAY FOX LN |
| Add | | | | PORT RICHEY FL. 34668 |
| X Remove | | | | |
| 2) Change | | | | |
| Add | | | | |
| Remove | | | | |
| 3) Change | | - - | | . |
| Add | | | | |
| Remove | | | | |
| 4) Change | | | | |
| Add | | | | <u> </u> |
| Remove | | | | |
| 5) Change | | | | |
| Add | | | | |
| Remove | | | | *** |
| 6) Change | | - | | |
| Add | | | | |
| Remove | | | | |

| f amending or adding additional Arti Attach <i>additional sheets, if necessary).</i> | (Be specific) |
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| f an amendment provides for an exch | nange, reclassification, or cancellation of issued shares. |
| provisions for implementing the ame (if not applicable, indicate N/A) | nange, reclassification, or cancellation of issued shares, and and an analysis of the amendment itself: |
| (у ногаррисавле, таксае мл.) | |
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| | 07/13/2018 | |
|--|--|---------------------------|
| The date of each amendment(s) addate this document was signed. | option: | , if other than the |
| Effective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this b document's effective date on the De | ock does not meet the applicable statutory filing requirements, this date partment of State's records. | will not be listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were ado by the shareholders was/were sur | pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval. | |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast | or the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| 07/13/2018 | | |
| Dated | 7/ 1// | |
| Signature | 16 Multon | |
| (By a di selected | ector, president or other officer – if directors or officers have not been , by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) | |
| | KEVIN BULLIS | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |