

P020000068225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

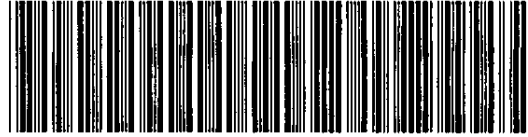
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/01/14--01031--019 **385.00

FILED
SECRETARY OF STATE
14 DEC -1 PM 3:00

Amend
@ 12/8/14



Swap Shop Management, L.L.C.

Managing Swap Shops, Fleamarkets & Theatres.

3291 WEST SUNRISE BLVD. FORT LAUDERDALE, FLORIDA 33311-6401

Phone: 954-791-7927 Fax: 954-792-7962

November 25, 2014

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL. 32314

RE: Corporate Officers/Registered Agent Changes

To Whom It May Concern,

Attached are eleven Registered Agent and/or Corporate Officer changes. Check # 1147 is enclosed in the amount of \$385.00 for all eleven corporations and/or LLC's.

If you have any questions I can be reached at 954-792-7963.

Sincerely,

Betty D. Henn

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
14 DEC -1 PM 3:00

LAKE WORTH DRIVE-IN THEATRE & SWAP SHOP, INC.

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

P02000068225

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

ROGER ALLEN

3438 LAKE WORTH ROAD

(Florida street address)

New Registered Office Address:

LAKE WORTH

(City)

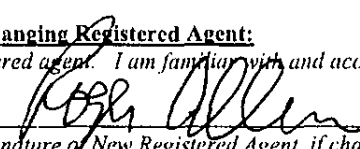
, Florida

33461

(Zip Code)

New Registered Agent's Signature, if changing Registered 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:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PSTD</u>	<u>CHRISTINA A. CATHERS</u>	<u>405 LEWIS LANE</u>
<input type="checkbox"/> Add			<u>BASALT, CO 81621</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>D</u>	<u>PAUL D. CATHERS</u>	<u>405 LEWIS LANE</u>
<input type="checkbox"/> Add			<u>BASALT, CO 81621</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>PSTD</u>	<u>BETTY D. HENN</u>	<u>3291 W. SUNRISE BLVD</u>
<input checked="" type="checkbox"/> Add			<u>FORT LAUDERDALE, FL 3</u>
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:*(Attach additional sheets, if necessary). (Be specific)*

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: NOVEMBER 25, 2014, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated NOVEMBER 25, 2014

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

BETTY D. HENN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)