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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR		rect Furniture, Ir	nc		
DOCUMENT NUMI	BER: P0200010294	8			
The enclosed Articles	of Amendment and fee are sul	omitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
	Ann H. Hoekstra		·		
		Name of Contact Person	1		
	Connect Direct Fo	urniture, Inc.			
		Firm/ Company			
	858 Galston Drive				
		Address			
	Winter Springs, F	L 32708			
		City/ State and Zip Code	2		
anr	ntootsiegirl@hotm	ail com			
<u> </u>		ed for future annual report	notification)		
	2		,		
For further information	n concerning this matter, pleas	e call:			
Kathie A De Filippo at 407 , 539-1330 x106					
Name	of Contact Person	Area Co	de & Daytime Telephone Number		
Enclosed is a check for	r the following amount made p	payable to the Florida Depa	urtment of State:		
S35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address		Street Address			
	endment Section	Amendment Section			
	ision of Corporations . Box 6327	Division of Corporations Clifton Building			
	ahassee, FL 32314		Executive Center Circle		
1 ananaste, 1 is 32317			assee FL 32301		

Articles of Amendment to Articles of Incorporation of

FILED

2014 JUN 26 AM 11: 33

Connect Direct Furniture, Inc.		MLLAHASSEE, FLO	ÃĨĒ. NDID ≜
(Name of Corporation as currently file P02000102948	ed with the Florida Dept, of State	MLLADASSEE, TEC	". Minu
	0 -4: ('61)	47(,	
(Document Number of C	Corporation (if known)		
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corpor	ration adopts the following an	nendment(s)
A. If amending name, enter the new name of the con	rporation;		
Connect Direct Marketing, Inc.		Th	e new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp, word "chartered," "professional association," or the designation of the designatio	" "Inc," or "Co". A professional	"incorporated" or the abbre	eviation
B. Enter new principal office address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADD	<u>RESS</u>)		
			
C. Enter new mailing address, if applicable:	T.D.		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
D. If amending the registered agent and/or register	and office address in Florido, enter	the name of the	
new registered agent and/or the new registered of		the name of the	
Name of New Registered Agent			
Name of New Negasierea Agem			
	(Florida street address)	,,,,	
	,	***	
New Registered Office Address:	(City)	Florida(Zip Code)	
		·	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<mark>istered Agent:</mark> I am familiar with and accept the ot	bligations of the position.	
Signature of Ne	w 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: X Change	PT	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change			
Add Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			4 ·
5) Change			
Add			
Remove			_
[]			
6) Change			
Remove			

	dding additional Arti sheets, if necessary).	(Be specific)	_	
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an amendment	provides for an exch	<u>ange, reclassification</u> idment if not contain	, or cancellation of i	ssued shares, it itself:
rovisions for im	able, indicate N/A)			
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The date of each amendment(s) adoption: JUN9 23,2014	, 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 east 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	
(voling 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 V 623-14	
Signature Clas H Hackstra	
(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)	
Ann H. Hoekstra	
(Typed or printed name of person signing)	
President	
(Title of person signing)	