## 204000120126

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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SEURETARY OF STATE
TALLAHASSEE, FLORID,

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** 

NAME OF CORPORATION: Bath T	ime Specialty Di	stributors In	<u>ر</u>
	0120126		
The enclosed Articles of Amendment and fee are	submitted for filing.	κ,	
Please return all correspondence concerning this	matter to the following:		
Many Las (Name of	Contact Person)		
Langtord +	Langford Inc	· · · · · · · · · · · · · · · · · · ·	
9867 Leah	Address)		
Jacksonuille (City/Sta	FI Baay &		
For further information concerning this matter, p	lease call:		•
(Name of Contact Person)	at (904) 641-2 (Area Code & Daytime Telep	hone Number)	
Enclosed is a check for the following amount:			
\$35 Filing Fee \$\times \text{Certificate of Status}\$	S43.75 Filling Fee & Certified Copy. (Additional copy is enclosed)	\$52.50 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**

of

(Name of corporation as currently filed with the Florida Dept. of State)	ors			
P04000 12012 (Document number of corporation (if known)	<del></del>		; ;,	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Co</i> adopts the following amendment(s) to its Articles of Incorporation:	rporatio	n	•	
NEW CORPORATE NAME (if changing):  Socksonial Custom Special ties  (Must contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.,"  (A professional corporation must contain the word "chartered", "professional association," or the abbreviation "Corp.," "Inc.,"	or "Co.";	<u>)</u> A.")		
AMENDMENTS ADOPTED- (OTHER THAN NAME CHANGE) Indicate Article and/or Article Title(s) being amended, added or deleted: (BE SPECIFIC)	Numbe	er(s)		
	SEURETARY TALLAHASSE	06 SEP 18		
	OF STATE E.FLORIDA	PH 9:36		•
•				
(Attach additional pages if necessary)				
If an amendment provides for exchange, reclassification, or cancellation of issued shar for implementing the amendment if not contained in the amendment itself: (if not applies				

FILING FEE: \$35