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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION:	POT OF S.W. FLORIDA, I	INC.	
DOCUMENT NUM	BER:			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	Sarah Grieb			
		Name of Contact Person	n	
	Roetzel & Andress, LPA			
	Firm <sup>*</sup> Company			
	850 Park Shore Drive - Third	l Floor		
	Address			
	Naples, Florida 34103			
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further informatio	n concerning this matter, pleas	se call:		
Sarah Grieb		239 at (	649-6200	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.O	endment Section ision of Corporations Box 6327 ahassee, FL 32314	Amend Division The C 2415 i	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303	

## Articles of Amendment to Articles of Incorporation of

CARTRIDGE DEPOT OF S.W. FLORIDA, INC.

( <u>Name</u>	of Corporation as currer	itly filed with the Florida D	ept. of State)	<del></del> -
P04000151948				
	(Document Number	of Corporation (if known)		
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, thi	is Florida Profit Corporation	adopts the following amendment	(s) to
A. If amending name, enter the new n	ame of the corporation:			
			The new	
name must be distinguishable and contain "Inc.," or Co.," or the designation "("chartered," "professional association,"	Corp." "Inc." or "Co".	A professional corporation		
B. Enter new principal office address,				
(Principal office address <u>MUST BE A S</u>	TREET ADDRESS )		15.7.2. ·	
		<del></del>	· · ·	
			<u> </u>	
C. Enter new mailing address, if appl			-بىرى دارى	
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			
			<u>ئ</u> ئن	
			£	
D. If amonding the maintained agent as	d/an anniatored office and	Idam in 121 milder - Armatha	C 4)	
<ul> <li>If amending the registered agent as new registered agent and/or the ne</li> </ul>			iame of the	
Name of New Registered Agent	Katy Koestner Esquivel			
Mane of the Weggarian Agent	2335 TAMIAMI TRAIL	. NORTH #301	· 1	
	tFlorida s	street address)		
N: D : 1000 111	NAPLES		34103	
New Registered Office Address:		(City)	, Florida	
		,	•	
New Registered Agent's Signature, if c				
I hereby accept the appointment as regis.	tered agent. Tam familiai 1 []/ //	r with and accept the obligat	ons of the position,	
91 / 0.2	bal Villyhi	1/1		
	RALLIVAN			
	Signature of New	Registered Agent, if changin	Ř	
Check if applicable				
☐ The amendment(s) is/are being filed p	oursuluit to s. 607.0120 (11	) (e), F.S.		

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)

Example:

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 Doc 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	<u>PT</u> <u>Joh</u>	in Doe		
X Remove	<u>V</u> <u>Mil</u>	Mike Jones		
X Add	<u>SV</u> <u>Sal</u>	ly Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	DPS	ESQUIVEL, KATY KOESTNER	2335 TAMIAMI TRAIL NORTH	
X Add			#301	
Remove			NAPLES, FL 34103	
2) Change	Р	GOLD, DENNIS S	2335 TAMIAMI TRAIL NORTH	
Add	<del></del>		7301	
N Remove	VP	FIGA, W	NAPLES, FL 34103	
3) Change			2335 TAMIAMI TRAIL NORTH #301	
Add				
X Remove			NAPLES, FL 34103	
4) X Change	DVPT	BERNSTEIN, STEVEN	5834 FUNSTON STREET	
Add			HOLLYWOOD, FL 33081	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

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)	
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The date of each amendment(s) addate this document was signed.	doption;	, if other than the
-		
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	<del> </del>
Note: If the date inserted in this b document's effective date on the De	lock does not meet the applicable statutory filing requirements, the partment of State's records.	is date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators, or board of directors without shareholder	action and shareholder
The amendment(s) was/were add by the shareholders was/were se	opted by the shareholders. The number of votes cast for the amenda officient for approval.	nent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	ttement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
selected	deter, president or other officer – if directors or officers have not be the proportion of the hands of a receiver, trustee, or other	
appoint	ed liduclary by that fiduciary)	
	Katy Koestner Esquivel	
	(Typed or printed name of person signing)	<del></del>
	Director	
	(Title of person signing)	<del></del>