P0500007335b

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(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION:	SHOES, BAG	S & ACCESSOR	IES INC	er en
DOCUMENT NUMBER:	P05000073356	5		
The enclosed Articles of Amend	<i>ment</i> and fee are su	bmitted for filing		
Please return all correspondence	concerning this ma	atter to the followi	ពម្ម:	
		Clarance Wats	Oπ	
		Name of Cont.	act Person	
	SHOES,	BAGS & ACCES		
		Firm/ Con	npany	
	187	9 Caravan Trail U		
		Addre	SS	
	JACKS	SONVILLE, FL 3:		
		City/ State and	Zip Cod	e
	elarane	ewatson5@gmail.	()()T	
	il address: (to be u	-		notification
For further information concerni Clarance Watson	ng this matter, plea		904	403-8117
Name of Contact Person		at (Area Co	de & Daytime Telephone Number
Enclosed is a check for the follow	wing amount made			
-	3.75 Filing Fec & rificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	у	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Addre Amendment So Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations		Amend Division The Control 2415 1	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 ussee, FL 32303





July 27, 2021

CLARANCE WATSON SHOES, BAGS & ACCESSORIES INC 1879 CARAVAN TRAIL, UNIT 106 JACKSONVILLE, FL 32216 US

SUBJECT: SHOES, BAGS & ACCESSORIES INC

Ref. Number: P05000073356

We have received your document for SHOES, BAGS & ACCESSORIES INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please sign the amendment form as the director in the space provided on page 4 of the amendment form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Annette Ramsey **OPS**

Letter Number: 821A00017533

Articles of Amendment to 👇 Articles of Incorporation

SHOES, BAGS & ACCESSORIES INC

2001007 4 11/2 16 (Name of Corporation as currently filed with the Florida Dept. of State): P05000073356

(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

name must be distinguishable and contain the word	SES INC	
"Inc.," or Co.," or the designation "Corp," "I "chartered," "professional association," or the al	I "corporation," "company," or "incorp Inc," or "Co". A professional corpor bbreviation "P.A."	The porated" or the abbreviation "Corp ration name must contain the w
B. <u>Enter new principal office address, if applica</u> (Principal office address <u>MUST BE A STREET A</u>	able: ADDRESS)	
C. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX</u>)	
		
o. If amending the registered agent and/or reginew registered agent and/or the new register Name of New Registered Agent	istered office address in Florida, enter red office address:	
new registered agent and/or the new register	red office address:	
	red office address:	

Check if applicable

☐ The amendment(s) is/are being filed pursuant 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)

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.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Nama	<u>Addres</u> s
l) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change		_	
Add			
Remove			
4)Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

amending or adding additional Art ttach additional sheets, if necessary).	(Be specific)	·	
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		<u></u>	
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·····			
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an amendment provides for an excl	ange, reclassification, or	cancellation of issued sho	res.
rovisions for implementing the ame	ndment if not contained in	n the amendment itself:	· · · · · · · ·
(if not applicable, indicate N/A)			
			
		<u> </u>	

The date of each amendment(s) ad date this document was signed.	option:, if other than the
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Note: If the date inserted in this bl document's effective date on the De	ock does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were ado action was not required.	oted by the incorporators, or board of directors without shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were sul	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	oved 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 i	or the amendment(s) was/were sufficient for approval
ђу	(voting group)
selected	ector president or other officer – if other ters or officers have not been, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary) Clarance Watson
	(Typed or printed name of person signing)
	Director
	(Title of person signing)