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SECRETARY OF STATE DIVISION OF CORPORATIONS

JUN - 3 2016

C LEWIS

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: All About Stumps, Inc. P06000003721 **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Angelina K Scott Name of Contact Person All About Stumps, Inc. Firm/ Company 3331 NW 15th Terrace Address Pompano Beach, FL 33064 City/ State and Zip Code angie@allaboutstumpsinc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 257-1276

Area Code & Daytime Telephone Number Wanda Shaw Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee ■ \$35 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address **Street Address** Amendment Section Amendment Section Division of Corporations **Division of Corporations**

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

DIVISION OF CORPORATIONS

2016 MAY 31 PH 1:21

All About Stumps, Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P06000003721 (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: 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." NA 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 (Florida street address) Florida New Registered Office Address: 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: X Change | <u>PT</u> | John Doe | |
|----------------------------|--------------|--------------|-------------------------|
| X Remove | <u>v</u> | Mike Jones | |
| <u>X</u> Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | <u>Addres</u> s |
| 1) Change | S | Troy A Scott | 3331 NW 15th Terrace |
| X Add | | | Pompano Beach, FL 33064 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | - | |
| Add | | | |
| Remove | | | |
| 5) Change | + | | |
| Add | | | |
| Remove | | | |
| б)Change | | | |
| Add | | | |
| Remove | | | |

| C. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific) Please add Troy A Scott as Secretary of All About Stumps, Inc. | | | | |
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| . 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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| | May 23, 2016 | | |
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| The date of each amendment(s) | adoption: | if | other than the |
| date this document was signed. | · | SECRETARY | OF STATE |
| Marketive date if applicable: | ay 23, 2016 | JIVISION OF CO | RPORATION: |
| | (no more than 90 days after amendment file date) | 2016 MAY 31 | PM 1:21 |
| Note: If the date inserted in this document's effective date on the D | block does not meet the applicable statutory filing requirements, pepartment of State's records. | this date will not b | e listed as the |
| Adoption of Amendment(s) | (CHECK ONE) | | |
| ☐ The amendment(s) was/were ac by the shareholders was/were s | dopted by the shareholders. The number of votes cast for the amend sufficient for approval. | lment(s) | |
| | oproved by the shareholders through voting groups. The following sor each voting group entitled to vote separately on the amendment(s | | |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | | |
| by | " | | |
| · · · · · · · · · · · · · · · · · · · | (voting group) | | |
| action was not required. | lopted by the board of directors without shareholder action and shareholder action and shareholder by the incorporators without shareholder action and shareholder | | |
| May 23, 2 Dated | 2016 | | |
| Signature | Janob K Shan | | |
| select | director, president or other officer – if directors or officers have not ed, by an incorporator – if in the hands of a receiver, trustee, or other tiduciary by that fiduciary) | | |
| | Wanda K Shaw | | |
| | (Typed or printed name of person signing) | | |
| | Director | | |
| | (Title of person signing) | | |