## POTOOOO 48170

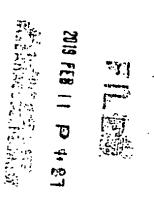
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

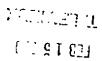
Office Use Only



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## COVER LETTER

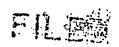
TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

NAME OF CORPOR	ATION: D.J.C. Shoes, Inc.					
DOCUMENT NUMB						
The enclosed Articles of	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Michael R. Cush					
	Name of Contact Person					
	· —- ·	Firm/ Company				
	1230 Salt Creek Island Drive					
•	Address					
	Ponte Vedra Beach, FL 3208	2				
		City/ State and Zip Code	2			
micha	elcush@gmail.com					
	E-mail address: (to be us	sed for future annual report	notification)			
For further information	econcerning this matter, pleas	se call:				
Michael R. Cush		203 at (	945-9229 de & Daytime Telephone Number			
Name o	of Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	ortment of State:			
□ \$35 Filing Fee	© \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fec Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327		Ameno Divisio	Address Iment Section on of Corporations Building			

2661 Executive Center Circle Tallabassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



D.J.C. Shoes Inc. (Name of Corporation as currently filed with the Florida Dept. of State) P07000048170 (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. B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: NIA (Malling 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: Michael R. Cush Name of New Registered Agent 1230 Salt Creek Island Drive (Florida street address) Ponte Vedra Beach New Registered Office Address: (City) 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.

Page 1 of 4

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.

X Change	<u>PT</u> <u>John</u>	Doc	
X Remove	y Mike	e Jones	
X Add	SV Sally	· Smith	
Type of Action (Check One)	Title	<u>Name</u>	Address
I) Change			
Add			^
Remove			
2) Change	Secretary	Michael R. Cush	1230 Salt Creek Island Drive
Add			Ponte Vedra Beach, FL 32082
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Qamuua			

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able, indicate N/A)					
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	uplementing the ame	nplementing the amendment if not of able, indicate N/A)	nplementing the amendment if not contained in table, indicate N/A)	nplementing the amendment if not contained in the amendme while, indicate N/A)	1/A

02/07/2019	225 cate on about about
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
02/07/2019  Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amending the shareholders was/were sufficient for approval.	ndment(s)
The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by (voting group)	
(voting group)	
<ul> <li>The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder was not required.</li> <li>The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder was not required.</li> </ul>	
action was not required.	
02/08/2019 iDated	
Signature	
(By a director, president or other officer – if directors or officers have reselected, by an incorporator – if in the hands of a receiver, trustee, or of appointed fiduciary by that fiduciary)	
Michael R. Cush, Personal Representative	
(Typed or printed name of person signing)	<del></del>
- Directory	
(Title of person signing)	