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(Requestor's Name) (Address) (Address)	900334998999
(City/State/Zip/Phone #)	09/26/1901004011 ★*35.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	S TALLEN 59 SEP 2 5 2019 55
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### COVER LETTER

### TO: Amendment Section Division of Corporations

MIDWAY STOP INC. NAME OF CORPORATION: \_ 70000844  $\mathcal{PO}$ DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Samer Darw ame of Contact Person Address UNAIK APT 3308 City/State and Zip Code Tallahassee, FL. 32303 :250 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samer Darwich at (BSD) 5094511 Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

S35 Filing Fee

□\$43.75 Filing Fee & Certificate of Status

□\$43.75 Filing 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 <u>Street Address</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of
MIDWAY STOP INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P0700084491
(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:

The new 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. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )		
	SE SE	
C. Enter new mailing address, if applicable:	. 25	دیونونون دیکرید م ا ا ا ا ا ا ا ا ا ا ا
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	P H	, i

# 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:

	(Florida street address)		
New Registered Office Address:		Florida	

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)

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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: <u>X</u> Change	PT	John Doe						
<u>X</u> Remove	<u>v</u>	<u>Mike Jones</u>						
<u>X</u> Add	<u>sv</u>	Sally Smith						
<u>Type of Action</u> (Check One)	Title	<u>Name</u>			<u>Addres</u> s			
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	additional Arti , if necessary).	(Be specific)				
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The date of each amendm	
date this document was sign	ned.
Effective date <u>if applicabl</u>	<u>e</u> :
	(no more than 90 days after amendment file date)
	in this block does not meet the applicable statutory filing requirements, this date will not be listed as it n the Department of State's records.
Adoption of Amendment(	s) ( <u>CHECK ONE</u> )
The amendment(s) was/ by the shareholders was	were adopted by the shareholders. The number of votes cast for the amendment(s) //were sufficient for approval.
The amendment(s) was/ must be separately prov	were approved by the shareholders through voting groups. The following statement idea for each voting group entitled to vote separately on the amendment(s):
"The number of ve	otes cast for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	were adopted by the incorporators without shareholder action and shareholder
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