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SECRETARY OF STATES OF ALLANDA

OCT 11 2013

R. WHITE

## **COVER LETTER**

Division of Corporations 200 K WRADS Inc. NAME OF CORPORATION: **DOCUMENT NUMBER:** The enclosed **Articles of Amendment** and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee **2**\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is CK 1707 Certified Copy enclosed) (Additional Copy encloseD is enclosed)

## Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## **Articles of Amendment** to Articles of Incorporation

	of	TILED
Geek WRAPS.	Inc.	10 OCT -/- ou -
(Name of Corporation as currently file	ed with the Florida De	ept. of State)
P070000918	32	SECRETARY OF STATE
(Document Number of C	Corporation (if known)	TORIUA.

nent(s) to

P07000091832	EALLAHASSEE STATE
(Document Number of Corporation	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1109 NE 45th Street
(Maining acciess MAT BE A POST OFFICE BOX)	000000
	OAKIAND Park, FL
	33334
D. If amending the registered agent and/or registered office ad	Idress in Florida, enter the name of the
new registered agent and/or the new registered office addre	<u>366.</u>
Name of New Registered Agent	
(Florida	street address)
New Registered Office Address:	, Florida
(Ci	(Zip Code)
New Registered Agent's Signature, if changing Registered Age	
I hereby accept the appointment as registered agent. I am familia	ar with and accept the obligations of the position.
	A A and if the arrival
Signature of New Registere	α Agenτ, 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: XChange	<u>PT</u>	John D	<u>oe</u>	
X Remove	<u>v</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	mith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Z Change	VCE	Q	KAthryn S. CALMAN	1831 NE 45th Street
Add				FL 33308
2) Change Add	P	- <del></del> -	Kenneth J. CALMAN	1831 NE45 Stroot Fort Laubordale.
Remove				FL 33308
3) Change		_		
Add				
4) Change		<del></del>		
Add				
5) Change				
Add				
6) Change				
Add				
Remove				

uttach <i>additional</i>	sheets, if necessary). (Be specific)	
	N/A	
		-
<del></del>		
provisions for Ir (if not applic	provides for an exchange, reclassification, or cancellation of issued share plementing the amendment if not contained in the amendment itself:  able, indicate N/A)  N/A	<u>s</u>

The date of each amendment(s) adoption: 10-02-13 date this document was signed.	, if other than the
Effective date if applicable: \(\int \) - \(\cap 2 - \) \(\frac{3}{2}\) (no more than 90 days after amendment file date)	_
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"  (voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 10-02-13	
Signature John and Calvery	
(By a director, president or other officer – if directors or officers have not been	<del></del>
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
Procidont	
(Title of person signing)	<del>_</del>