## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : 120000000257 : (850)224-8870

Fax Number : (850)222-1222

## COR AMND/RESTATE/CORRECT OR O/D RESIGN

MATGLOSTORES, INC.

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Arri	icles of Amend	im one	THE SECRET HAS SECRET	TILED 3:35
	to	141 <b>-111</b>	البارية ا	رن
Artic	eles of Incorpo	ration		ي پي
	of			
Matc	ilostores. In	C.		*
(Name of Corporation as curr	atly filed with	the Florida Dept. of St	ate)	
PO8	000004674		<u></u>	
	ber of Corporati	on (if known)		
Pursuant to the provisions of section 607,100 following amendment(s) to its Articles of Incor	6, Florida Statut poration:	les, this <b>Florida Profi</b> l	t Corporation adopts the	he
A. If amending name, enter the new name of	the corporation	<u>n;</u>		
		_		
The new name must be distinguishable as "incorporated" or the abbreviation "Corp.," "Co". A professional corporation name association," or the abbreviation "P.A."	"Inc.," or Co.,	" or the designation the word "chartere	"Corp," "Inc," or d," "professional	
B. Enter new principal office address, if app	licable:	3956 Town Center E	livd.	
(Principal office address MUST BE A STREE	I ADDICESS )	Orlando, FL 32837		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				
D. If amending the registered agent and/or remainder the new registered agent and/or the new regis	egistered office tered office add	eddress in Florida, en ress:	ter the name of the	•
Name of New Registered Agent:	Dean Amode	<u> </u>		
	1311 Hoffner	Avenue		
New Registered Office Address:	<del></del>	la street address)	<del></del>	
•	Orlando, Fl.		101-14- <b>2020</b>	
•	Onaigo, FL	(City)	Florida 32809 (Zip Code)	
R) W		••	• •	
New Registered Agent's Stansture, if changing I hereby accept the appointment as registered position.	g Registered Ag agent. I am fo	<u>lent:</u> amiliar with and acce <sub>l</sub>	ot the obligations of th	e
	i Jo An / 2	mindos		

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CAPITAL CONNECTION

NOV. 17. 2008 11:06AM

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)

Title	Name	Address	Type of Action
<u>D,P,S</u>	Dean Amodeo	1311 Hoffner Avenue Oriendo, Fl. 32809	Add Remove
			Add Remove
			Add
E. If amendi (attach ada	ne or adding additional Articles, ent intonal sheets, (f necessary). (Be spe N/A	er changg(s) here: cific)	
provision	ndment provides for an exchange, resident for implementing the amendment applicable, indicate N/A)	eclassification, or causellation of not contained in the amendm	rf issued shares, ent itself:
	N/A		
	·		

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The date of each amendmen	t(s) adoption: November 14, 2009
Effective date if applicable:	N/A
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/we by the shareholders was/w	ers adopted by the shareholders. The number of votes cast for the amendment(ere sufficient for approval.
	re approved by the sharcholders through voting groups. The following statement of 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/we action was not required.	re adopted by the board of directors without shareholder action and shareholder.
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder
Dated11/	/14/08
Signature	Dean Smodes
solo	a director, president or other officer - if directors or officers have not been ected, by an incorporator - if in the hands of a receivor, trustee, or other court ointed fiduciary by that fiduciary)
	Dean Amodeo
	(Typed or printed name of person signing)
	Director, President, Secretary
	(Title of person signing)