

PO91000054701

UCC SERVICES
Division of Corporations

Fax: 850 681 6011

Oct 5 2009 9:52

P. 01
Page 1 of 1

Florida Department of State
Division of Corporations
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RESUBMISSION
PLEASE HONOR ORIGINAL
DATE OF SUBMISSION
AS FILE DATE

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000212878 3)))

10/2



H090002128783ABC4

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.
Account Number : I19980000054
Phone : (850) 681-6528
Fax Number : (850) 681-6011

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TALLAHASSEE, FLORIDA
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COR AMND/RESTATE/CORRECT OR O/D RESIGN

HTD FURNITURE INC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Amend
10/5/09

Electronic Filing Menu

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UCC SERVICES
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10/5/2009 9:22:14 AM PAGE 1/001 Fax Server

Oct 5 2009 9:32 P.02



RESUBMISSION
PLEASE HONOR ORIGINAL
DATE OF SUBMISSION
AS FILE DATE

October 5, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HTD FURNITURE INC
13613 LYTTONWAY
TAMPA, FL 33624

SUBJECT: HTD FURNITURE INC
REF: P09000054701

10/2

We have received your document for HTD FURNITURE INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

There's no (period) after (INC) in the corporate name.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H09000212878
Letter Number: 509A00032062

RECEIVED
2009 OCT -5 AM 8:00
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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 P.05
 09 OCT -2 AM 8:52

Articles of Amendment
 to
 Articles of Incorporation
 of

HTD Furniture Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P09000054201

(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. 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:

New Registered Office Address:

(Florida street address)

(City)

Florida
 (Zip Code)

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)

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|----------------------------------------------------|----------------------------------------------------------------------------|
| <u>S</u> | <u>Theresa Sabel</u> | <u>11309 N. Nebraska</u> <u>Tampa, FL 33602</u> | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| <u> </u> | <u> </u> | <u> </u> | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

F. 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)

The date of each amendment(s) adoption: today October 1, 2009

(date of adoption is required)

Effective date if applicable: _____

(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 10/01/09Signature [Signature]

(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

David L. Sabel

(Typed or printed name of person signing)

President

(Title of person signing)