P090000 66796

(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:
Special Instructions to Filing Officer: Special Instructions to Filing Officer: Special Instructions to Filing Officer: And Hamilton on page 1/3/1/7 to change fittle on page 1/3/1/7 to change fittle on page 204 45 with MI approval.

Office Use Only

20



500301493685

07/24/17--01027--014 **43.75

S. TALLENT JUL 3 1 2017

Mora

17 JUL 24 MH11: 5

COVER LETTER

Division of Corporations NAME OF CORPORATION: LOUT FAMILY JEWELLR -DOCUMENT NUMBER: <u>/</u> The enclosed Articles of Amendment and fee are submitted for filing !Please return all correspondence concerning this matter to the following: ichael Hamluid Alexander St. mail address: (to be used) or future annual report notification) For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: **⊠**\$43.75 Filing Fee & □\$52.50 Filing Fee □ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

Mailing Address

TIO: 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

Your Family Jeweler In	C
(Name of Corporation as currently	iled with the Florida Dept. of State)
P0900066796	
(Document Number of	Corporation (if known)
P ursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	lorida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
same asaboves (nochange)	The new
n ame must be distinguishable and contain the word "corporation," Corp., " "Inc.," or Co.," or the designation "Corp.," "Inc," or "Coveral "chartered." "professional association." or the abbreviation "P	o". A professional corporation name must contain the
13. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MICHAELHAMISTON
	604 N. DOUBLRS.
	Dover FL 33527
CC. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7
	報告 F 1 22 21 1
	ss in Florida, enter the name of the
1D. If amending the registered agent and/or registered office address: new registered agent and/or the new registered office address:	ss in Fiorida, enter the name of the
Name of New Registered Agent Michael L	Hamilton 5
1701 S. Alox (Florida stree	carder St. Siste 102
New Registered Office Address: Plant City	, Florida 33566 Ziv) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	h and accept the obligations of the position.
M/ HA	
//W/	
Signature of New Re	gistered Agent, if changing

(At tach additional sheets, Plicase note the officer/di. P = President; V= Vice . Ex ecutive Officer; CFO he ld. President, Treasure Ch anges should be noted a c hange. Mike Jones led	and/or Director being added: , if necessary) rector title by the first letter of the office title: President; T= Treasurer; S= Secretary; D= Director; TR= Tru= Chief Financial Officer. If an officer/director holds more the T. Director would be PTD. If in the following manner. Currently John Doe is listed as the Faves the corporation, Sally Smith is named the V and S. These see, and Sally Smith, SV as an Add.	an one title, list the first letter of each office ST and Mike Jones is listed as the V. There is
<u>}</u> Change	PT John Doe	
<u>Σζ</u> Remove	<u>V</u> <u>Mike Jones</u>	
<u>X</u> Add	SV Sally Smith	
Ty pe of Action (Clause One)	<u>Title</u> Name	<u>Addres</u> s
1) Change Add Remove	P. DIMICHAEL L. HAMILTON	17015. Alexander St Suite Piant City 102 FL 33566
2) Change Add Remove	Pres,D Joseph A. Grimes	1701.5. Alexandoust Suite 102 Plant Car FL 33566
3) Change Add Remove		
4) Change Add Remove		
5.) Change Add Remove		
6)Change Add Remove		

If a mending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

The date of each amendment(s) add date this document was signed.	option:1	18- au	1) 1	, if other than the
Effective date if applicable:	8-1-8	7017		
-	(no more	than 90 days a	fter amendment file date)	
Note: If the date inserted in this blood outment's effective date on the Dep			lutory filing requirements, this d	ate will, not, be listed, as the
Ado ption of Amendment(s)	(CHECK ON	E)		
☐ The amendment(s) was/were adop by the shareholders was/were suf		rs. The number	r of votes east for the amendment	(s)
The amendment(s) was/were approvided for				nent
"The number of votes east t	or the amendment(s)	was/were suffic	ient for approval	
by	(voting group)			
☐ The amendment(s) was/were adopaction was not required.	oted by the board of di	rectors without	shareholder action and sharehold	ler
The amendment(s) was/were adoraction was not required.	oted by the incorporate	ors without sha	reholder action and shareholder	
Dated <u>07</u> /	18/2017			
Signature	14/28	to 11		
			directors or officers have not beer	
	l, by an incorporator – ed fiduciary by that fic		of a receiver, trustee, or other cou	art
	Milhari	1 11/2		
	Michael		f person signing)	 w
	() yped or	printeu name o	r person signing)	
	President	·		
		(Title of perso	on signing)	