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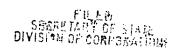
08/20/15--01003--027 **35.00

TO: Amendment Section
Division of Corporations

FLORIDA LIQUIE NAME OF CORPORATION:	DATION CENTER, INC.	
P09000082776 DOCUMENT NUMBER:		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Amendment and fee are sul	bmitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
SCOTT SANDFORT		
BASS & SANDFORT ACCO	Name of Contact Persor DUNTANTS PA	1
1301 W GARDEN ST	Firm/ Company	
PENSACOLA, FL 32502	Address	
	City/ State and Zip Code	•
sandfortcpa@gmail.com		
E-mail address: (to be us	ed for future annual report	notification)
For further information concerning this matter, pleas	e call:	
Ashford Boyington	850 at (505-0045
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Depa	ertment of State:
\$35 Filing Fee \$\text{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	Amend Divisio Clifton	Address ment Section on of Corporations Building xecutive Center Circle

Taliahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



FLORIDA LIQUIDATION CENTER, INC.

15 AUG 20 AM 9: 11

(<u>Name (</u>	of Corporation as current	y filed with the Florida	Dept. of State)	
	(Document Number of	f Corporation (if known)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, this	Florida Profit Corporat	ion adopts the following amendmen	t(s) t
A. If amending name, enter the new na N/A	me of the corporation:		The new	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or	'Co". A professional co	corporated" or the abbreviation	
		N/A		
B. Enter new principal office address, (Principal office address MUST BE A S				
			MA - MA	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST)		N/A		
(<u> </u>		
D. If amending the registered agent ar new registered agent and/or the ner			e name of the	
	N/A	<u> </u>		
Name of New Registered Agent	N/A		, , , , , , , , , , , , , , , , , , , ,	
	(Florida st	reet address)		•
	N/A	•		
New Registered Office Address:		(Cir.)	, Florida	
		(City)	(Zip Code)	
N. Davinson d A north Simoston is a	h			
New Registered Agent's Signature, if c I hereby accept the appointment as regist			gations of the position.	
, , , , , , , , , , , , , , , , , , , ,	,	,		
	N/A			
		Registered Agent, if chan	ging	

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.

X Change	<u>PT</u> J	ohn Doe	
X Remove	<u>v</u> <u>n</u>	Mike Jones	
X Add	<u>sv</u> s	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
l) Change	DS	Nancy Riesenberg	8653 Pensacola Blvd
Add			Pensacola, FL 32534
X Remove			
2) Change	DVP	Michael Riesenberg	8653 Pensacola Blvd
Add			Pensacota, FL 32534
X Remove			
3)Change	DP	Brock Riesenberg	8653 Pensacola Blvd
Add		·	Pensacola, FL 32534
X . Remove			
4) Change	DP	Ashford Boyington	8653 Pensacola Blvd
X Add			Pensacola, FL 32534
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach a	additional she	ng additional A eets, if necessary). (Be specific)			
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if an an	nendment pro	ovides for an ex	change, reclass	ification, or car	ncellation of issue ne amendment its	d shares,	
<u>provisi</u> (if	ions for imple not applicable	ementing the and the indicate N/A)	nendment if not	<u>contained in th</u>	<u>ie amendment its</u>	<u>elf:</u>	
							
			·				

The date of each amendment(s) a	doption:	, if other than the
date this document was signed.	•	SERVICE STATE
Effective date if applicable:	•	UNISITALOP DORPAÑATÎ
-	(no more than 90 days after amendment file date)	15 AUG 20 AM 9: 11
Note: If the date inserted in this bedocument's effective date on the De	plock does not meet the applicable statutory filing requirements, this epartment of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendmental option of the approval.	ent(s)
	proved by the shareholders through voting groups. The following state each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adaction was not required.	opted by the board of directors without shareholder action and shareh	older
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholde	r
8/13/2015		
Dated	War A A Co	
	Alle Alle Alle Alle Alle Alle Alle Alle	
Signature	lirector, president or other officer if directors or officers have not be	
	ed, by an incorporator – if in the hands of a receiver, trustee, or other	
appoin	nted fiduciary by that fiduciary)	
	Ashford Boyington	
/	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	