P10000013077

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(Address)		
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N. C. C.COULLIETTE

FEB 2 4 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION:TF	REASURE COAST MEN'S W	EAR INC
DOCUMENT NUMB	ER:	P10000013077	
The enclosed Articles	of Amendment and fe	e are submitted for filing.	
Please return all corres	pondence concerning	this matter to the following:	
El	LBAKKAR	Name of Contact Person	4R.
F	resh Ex	Dress Foods.	inc
	102 Kin	SSWOOD LN Address	
Ec	ortpierco	e, FL 34982 City/ State and Zip Code	· · · · · · · · · · · · · · · · · · ·
Ca	LZone (E-mail address: (to be	06 3 Val 00. used for future annual report notification)	COM
For further information	concerning this matte	er, please call:	
Name of C	ontact Person	at () Area Code & Daytime Tele	phone Number
Enclosed is a check for	the following amoun	t made payable to the Florida Departs	ment of State:
\$35 Filing Fee [\$43.75 Filing Fee & 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 Addre Amendment Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	:

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

TREASURE COAST MEN'S WEAR INC

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

TREASURE COAST MEN'S WEAR

(Document Number of Corporation (if known)

	PRESS FOODS INC		The new
ne must be distinguishable and contain previation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pro	e designation "Corp," "Inc,"	or "Co". A professional	
Enter new principal office address, if app	olicable:		
incipal office address <u>MUST BE A STREE</u>	ET ADDRESS)		
			_ =
Enter new mailing address, if applicable	•		93.4
(Mailing address MAY BE A POST OFFI			_ 24
			the
			- -
If amending the registered agent and/or r new registered agent and/or the new regi		lorida, enter the name of	the 🐸
new registered agent and/or the new regi	stereu office address.		
Name of New Registered Agent:			
New Registered Office Address:	(Florida street add	ress)	
		, Florida	
	(City)	(Zip Code)	

Page 1 of 3

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** <u>Name</u> <u>Address</u> Type of Action ☐ Add 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) ad	option: 02/21/2011
	(date of adoption is required)
Effective date if applicable:	
* (no n	nore than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were suf	pted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval
by	ng group)
(votin	ng group)
The amendment(s) was/were adoraction was not required.	pted by the board of directors without shareholder action and shareholder
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder
Dated <u>02/21</u>	12011 f
selected, l	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court fiduciary by that fiduciary)
E	(Typed or printed name of person signing)
	President (Title of person signing)