# P1000000122

(F	Requestor's Name)	
, (A	Address)	
A).	Address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	<u></u>
(C	Occument Number)	<u></u>
Certified Copies	Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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A00789, 02544, 02976, 0067

### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION:	S B CONVENIENT ST	ORE INC
DOCUMENT NUM	BER:	P10000029	122
The enclosed Article	s of Amendment and fee	are submitted for filing.	
Please return all corre	espondence concerning t	nis matter to the following:	
	МС	HAMMAD M AHMED	
		Name of Contact Person	
	SBTF	ADING CORPORATION	
		Firm/ Company	
_	76	01 49TH STREET N	
		Address	
-	PINE	LLAS PARK, FL 33781	
		City/ State and Zip Code	
	AHMEDS E-mail address: (to be us	B74@YAHOO.COM  ed for future annual report notificat	ion)
For further information	on concerning this matter	please call:	
_THOMAS	J CARRIGAN CPA	at ( 813 )	964-5502
Name of	Contact Person	Area Code & Daytin	ne Telephone Number
Enclosed is a check for	or the following amount	nade payable to the Florida D	Department 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 Sed) Certified Copy (Additional Copy is enclosed)
Mailing Add Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address Amendment Section Division of Corporation Clifton Building 2661 Executive Center	

Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2011

Mohammad M. Ahmed S B Convenience Store Inc 7601 49th Street N Pinellas Park, FL 33781

SUBJECT: S B CONVENIENCE STORE INC

Ref. Number: P10000029122

We have received your document for S B CONVENIENCE STORE INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

#### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P10000090651.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Remsey

门Re即lator文Specialist II

Letter Number: 111A00008428

age 1 Revised. Mease continue with Processing.

#### Articles of Amendment to Articles of Incorporation of

FILED

2011 MAY 16 PH 3: 13

S R CONVE	NIENT STORE INC	ZULLINI	0 111 0 14
(Name of Corporation as curi	rently filed with the Florida I	Dept. of State REIA	RY OF STATE
	0000029122	TALLAHA	SSEE, FLORIDA
	mber of Corporation (if known	1)	-
suant to the provisions of section 607.100 endment(s) to its Articles of Incorporation:		ida Profit Corporat	ion adopts the follow
If amending name, enter the new name of	of the corporation:		
SB TRADING ne must be distinguishable and contain	G CORPORATION ONE		The new
reviation "Corp.," "Inc.," or Co.," or the must contain the word "chartered," "pr	ofessional association," or th	or "Co". A projes, e abbreviation "P.A.	nonal corporation
Enter new principal office address, if ap incipal office address MUST BE A STREE			·
neipur ogjett uuurtss <u>most B27151101</u>			-
·			
	<del></del>		<del></del>
Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF).			
(maining and case in the property of the case of the c			
If amending the registered agent and/or new registered agent and/or the new reg		florida, enter the na	me of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	(Florida street add	dress)	
	,	·	
	(City)	, Florid <i>(Zip Code)</i>	1
	(~)	(Zip Couc)	
v Registered Agent's Signature, if chang			

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)

**Type of Action Title** <u>Name</u> <u>Address</u> ☐ Add ☐ Remove ☐ Add ☐ Remove \_\_\_ 🗀 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 amendmen	t(s) adoption: MARCH 21 2011		
Effective date <u>if applicable</u> :	MARCH 21 2011  MARCH 21 2011		
	(no more than 90 days after amendment file date)		
	· · · · · · ·		
Adoption of Amendment(s)	(CHECK'ONE)		
	ere adopted by the shareholders. The number of votes cast for the amendment(s) tere sufficient for approval.		
	ere approved by the shareholders through voting groups. The following statement ed 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.	ere adopted by the board of directors without shareholder action and shareholder		
The amendment(s) was/we action was not required.	ere adopted by the incorporators without shareholder action and shareholder		
	RCH 21 2011		
Signature	Afmed  / a director, president or other officer — if directors or officers have not been		
(u)	a director, president of other officer – If directors of officers have not been		
	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		