Huxwy445

(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:	7
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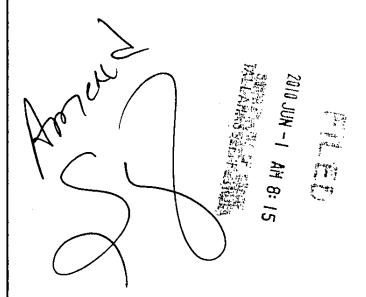
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6/2010



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COVER LETTER

TO: Amendment Section Division of Corporations

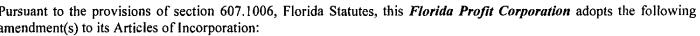
Tallahassee, FL 32314

NAME OF CORPO	ME OF CORPORATION: FEEL COMFORTABLE CORP.		
DOCUMENT NUM	IBER:	P10000044445	
The enclosed Article	s of Amendment and fee a	re submitted for filing.	
Please return all corr	respondence concerning thi	is matter to the following:	
_		DAVID MILLS	
	N	lame of Contact Person	
_	FEEL C	OMFORTABLE CORP.	<u></u> -
		Firm/ Company	
		2601 NW 4 ST	
•		Address	
		DERDALE FL 33311 US	
		ity/ State and Zip Code	
	SOLJA_ACQUI E-mail address: (to be use	SITIONS@YAHOO.COM d for future annual report notification)	
For further informat	ion concerning this matter,	please call:	
D	AVID MILLS		664-7561
Name o	f Contact Person	Area Code & Daytime Te	lephone Number
Enclosed is a check	for the following amount n	nade payable to the Florida Depar	rtment 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 Address Amendment Section Division of Corporations P.O. Box 6327		Street Address Amendment Section Division of Corporations Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



	to	A. C.	
	Articles of Incorporation	20	.a.
	of	20/0 J/10	
FEEL COMF	FORTABLE CORP.	Dept. of State)	র ্
(Name of Corporation as curre	ntly filed with the Florida I	Dept. of State)	8: _j
P10	000044445		. /, .,
(Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607.1006 mendment(s) to its Articles of Incorporation:	5, Florida Statutes, this Flor	ida Profit Corporation adopts the following	ng
A. If amending name, enter the new name of	the corporation:		
		The new	
Principal office address <u>MUST BE A STREE</u>	<u>T ADDRESS</u>)		
B. Enter new principal office address, if application of the address MUST BE A STREE C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or renew registered agent and/or the new registered agent. Name of New Registered Agent:	T ADDRESS) CE BOX) egistered office address in F	lorida, enter the name of the	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) D. If amending the registered agent and/or received agent and/or the new registered agent and/or the new registered agent.	T ADDRESS) CE BOX) egistered office address in F		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or registered agent and/or the new registered agent:	CE BOX) egistered office address in Facered office address:	iress)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or registered agent and/or the new registered agent.)	CE BOX) egistered office address in Facered office address:		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE D. If amending the registered agent and/or registered agent and/or registered agent and/or the new registered agent.)	egistered office address in Facered office address: (Florida street address)	iress)	

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>	Address	Type of Action
P	DAVID MILLS	2601 NW 4 ST FT. LAUDERDALE FL 33311 US	☐ Add Remove
<u>VP</u>	DAVID MILLS	2601 NW 4 ST FT. LAUDERDALE FL 33311 US	☑ Add ☐ Remove
<u>P</u>	LEILA SANGUIHETTI	2601 NW 4 ST FT. LAUDERDALE FL 33311 US	☑ Add □ Remove
E. If amendia (attach add	ng or adding additional Articles, enter of itional sheets, if necessary). (Be specifi	change(s) here:	
<u>provision</u> :	ndment provides for an exchange, reclass for implementing the amendment if napplicable, indicate N/A)	essification, or cancellation of issection o	ued shares,
		•	

The date of each amendmen	it(s) adoption: Of	5/28/2010
Effective date <u>if applicable</u> :	05/28/2010	(date of adoption is required)
,	(no more than S	90 days after amendment file date)
Adoption of Amendment(s)	(CF	HECK ONE)
The amendment(s) was/we by the shareholders was/w		e shareholders. The number of votes cast for the amendment(s) approval.
The amendment(s) was/we must be separately provide	ere approved by the	ne shareholders through voting groups. The following statemen g group entitled to vote separately on the amendment(s):
"The number of votes	cast for the amen	ndment(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	e incorporators without shareholder action and shareholder
Dated 05/2	28/2010	
Signature _	y a director presid	dent or other officer – it directors or officers have not been
sel		porator – if in the hands of a receiver, trustee, or other court
		DAVID MILLS
	(Ту	ped or printed name of person signing)
		VP
	(Title o	f person signing)