

P10000096749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

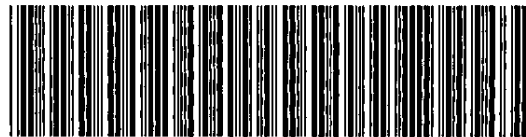
(Business Entity Name)

(Document Number)

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
12 OCT - 1 PM 2:41

*Amend*

OCT - 2 2012

T. BROWN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GFD FURNITURE INC

**DOCUMENT NUMBER:** ~~P100009749~~ P10000096749

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

APRIL CONDRON

Name of Contact Person

CAPE COD MANAGEMENT SERVICES INC

Firm/ Company

314 NE 27TH ST

Address

WILTON MANORS FL 33334-2020

City/ State and Zip Code

APRILPEACH1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

APRIL CONDRON

Name of Contact Person

at ( 954 ) 630-8300

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida 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  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 OCT -1 PM 2:41

**GFD FURNTIURE INC**

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

**P10000096749**

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**

(Principal office address **MUST BE A STREET ADDRESS**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Enter new mailing address, if applicable:**

(Mailing address **MAY BE A POST OFFICE BOX**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent \_\_\_\_\_

\_\_\_\_\_  
(Florida street address)

New Registered Office Address: \_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
*Signature of New Registered Agent, if changing*

*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.*

**Example:**

XChange                      PT                      John Doe

X Remove                      V                      Mike Jones

<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>
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Type of Action  
(Check One)

Title

Name

Address

1) Change

V

ABRAHAM VARGHESE

1940 HARRISON ST

           Add

X

Remove

201B

HOLLYWOOD,FL 33020

2) Change

V

GEORGIE BEN

1940 HARRISON ST

**X**

Add

         Remove

201B

HOLLYWOOD FL 33020

3 ) Change

Add

         Remove

4)      Change

           Add

Remove

5)      Change

         Add

**Remove**

6)      Change

\_\_\_\_\_ Add

Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

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**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)*

ISSUED SHARES ARE TRANSFERRED AT NO PAR FROM ABRAHAM  
VARGHESE TO ANNIE VARGHESE. ANNIE VARGHESE NOW OWNS  
5400 SHARES  
GEORGIE BEN NOW OWNS 600 SHARES

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The date of each amendment(s) adoption: 9/27/2012

Effective date if applicable: 9/27/2012  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided 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/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 9/26/12

Signature ✓ Annie Varghese  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

**ANNIE VARGHESE**

(Typed or printed name of person signing)

**PRESIDENT**

(Title of person signing)