P10000103663

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| | | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bus | siness Entity Nar | ne) |
| (Doc | cument Number) | <u>.</u> |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800250304488

08/05/13--01017--017 **35.00

13 AUG 14 AM 9: 03
SECREIARY OF STATE

C. LEWIS AUG 20 2013 EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2013

CELL FOR LESS INC. 6107 S DIXIE HWY WEST PALM BEACH, FL 33405

SUBJECT: CELL FOR LESS INC. Ref. Number: P10000103663

We have received your document for CELL FOR LESS 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 registered agent must sign accepting the designation.

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) 245-6050.

Letter Number: 113A00018926

Carolyn Lewis
Regulatory Specialist II

www.sunbiz.org

FILED

Articles of Amendment to

Articles of Incorporation

13 AUG 14 AM 9: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

P10000103663

(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." 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 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:

ROBERTO CAJIGAS

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

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

Signature of New Registered Agent, if changing

WEST PALM BEACH

New Registered Office Address

6107 S DIXIE HWY SUITE 3&4

(Florida street address)

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. Example: X Change <u>PT</u> John Doe X Remove \mathbf{Y} Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Address Name (Check One) MARIA A CAJIGAS 10430 SW 145TH AVE 1) ____ Change MIAMI FLORIDA 33186 ____ Add Remove ROBERTO CAJIGAS 6107 S DIXIE HWY 2) ____ Change WEST PALM BEACH FLORIDA 33405 ____ Remove 3) ____ Change __ Add __ Remove 4) ____ Change ____ Add __ Remove 5) ____ Change __ Add __ Remove

6) ____ Change

_ Remove

| ruach | nding or adding addition additional sheets, if neces | sary). (Be speci | fic) | | |
|-------|---|------------------|--------------------|--------------------|-----------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | <u> </u> | | | |
| | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | <u> </u> | | |
| | | | -, | | ···· |
| | | | | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | |
| | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | |
| • | | | | | _h |
| prov | amendment provides for a isions for implementing t | he amendment if | not contained in t | the amendment itse | <u>sijares.</u> |
| (| if not applicable, indicate | N/A) | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | ····· | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | - | | | | |

FILED

13 AUG 14 AM 9: 03

| The date of each amendment | (s) adoption: 07/21/2013 | SECRETARY OF STATE | if other than the |
|--|--|--|-------------------|
| date this document was signed Effective date if applicable: | 07/28/2013 | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| | (no more than 90 days o | fier amendment file date) | |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | | |
| The amendment(s) was/we by the shareholders was/w | re adopted by the shareholders. The numbe ere sufficient for approval. | r of votes cast for the amendment(s) | |
| | re approved by the shareholders through voi ed for each voting group entitled to vote sep | | |
| | s cast for the amendment(s) was/were suffic | • • | : |
| by | (voting group) |)t | |
| | (voting group) | | |
| | re adopted by the board of directors without | | |
| The amendment(s) was/we action was not required. | re adopted by the incorporators without sha | reholder action and shareholder | |
| 07 | /21/2013 | | |
| Signatur | William (2) | | _ |
| S | By a director/president or other officer – if of elected, by an incorporator – if in the hands ppointed figureary by that fiduciary) | | |
| | MARIA A CAJIG | AS | |
| | (Typed or printed r | name of person signing) | |
| | PRESIDENT | | |
| | (Title of pe | erson signing) | |