## P11000005004

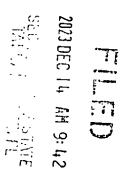
| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## COVER LETTER

**TO:** Amendment Section Division of Corporations

| NAME OF CORP   | ORATION: IVESCURATEDO                       | DIFTS INC.   |  |
|--|---|--|--|
| DOCUMENT NU  | P11000005004                                |  |  |
| The enclosed Articl  | es of Amendment and fee are su              | bmitted for filing.  |  |
| Please return ail cor  | respondence concerning this ma              | ster to the following:   |  |
|  | Laura Jane ives McGf                        | EE   |  |
|  | •     | Name of Contact Person   | <u> </u>   |
|  | IVES CURATED GIFTS, IN                      | SC .   |  |
|  | <del></del>                                 | Firm/ Company  | · · · · · · · · · · · · · · · · · · ·  |
|  | 9140 W COLLEGE POINTI                       | EDR, STE 6   |  |
|  |   | Address  |  |
|  | FORT MYERS, FLORIDA                         | 33919  |  |
|  |   | City/ State and Zip Cod  | e  |
|  | LAURA@IVESCURATEDO                          | GIFTS.COM  |  |
|  | E-mail address: (to be us                   | sed for future annual report                                     | notification)  |
| For further informat   | ion concerning this matter, plea            | se call:   |  |
|  |   |  |  |
| LAURA JANE IVES MCGEE  |   | at (   | <u>418-0060</u>  |
| Nam  | e of Contact Person                         | Area Co  | de & Daytime Telephone Number  |
| Enclosed is a check  | for the following amount made               | payable to the Florida Depa                                      | artment of State:  |
| S35 Filing Fee   | ☐\$43.75 Filing Fee & Certificate of Status | S43.75 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 |   | Amend<br>Divisio<br>The Co                                       | Address<br>iment Section<br>in of Corporations<br>entre of Tallahassee<br>& Monroe Street, Suite 810 |

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

IVESCURATEDGIFTS INC

FILED

| TVESCURATEDGIFTS INC   |  | * T-824                               |                  |
|--|--|---------------------------------------|------------------|
| ( <u>Name of Corporati</u>   | ion as currently filed with the Florida I  | Deputation   L                        | Ald o            |
| P11000005004   |  | · · · · · · · · · · · · · · · · · · · | HIT 9:42         |
| (Docur   | ment Number of Corporation (if known)      | Î                                     | PATE             |
| Pursuant to the provisions of section 607.1006, Floridates Articles of Incorporation:  | a Statutes, this Florida Profit Corporatio | n adopts the follow                   | ing amendment(s) |
| A. If amending name, enter the new name of the co  | orporation:                                |                                       |                  |
| VES CURATED GIFTS INC (SEPARATING THE  | WORDS)                                     |                                       | The new          |
| name must be distinguishable and contain the word "e<br>"Inc.," or Co.," or the designation "Corp," "Inc.<br>"chartered," "professional association," or the abbre | " or "Co". A professional corporatio       |                                       | tion "Corp.,"    |
| 3. Enter new principal office address, if applicable<br>Principal office address <u>MUST BE A STREET ADD</u>   |  |                                       |                  |
|  | <del></del>                                | <del>.</del>                          |                  |
|  |  |                                       |                  |
| Enter new mailing address, if applicable:  |  |                                       |                  |
| (Mailing address <u>MAY BE A POST OFFICE BO</u>  | <u></u>                                    |                                       | <del></del>      |
|  |  |                                       |                  |
|  |  |                                       |                  |
| ). If amending the registered agent and/or registered new registered agent and/or the new registered   |  | name of the                           |                  |
| Name of New Registered Agent   |  |                                       |                  |
|  |  |                                       |                  |
|  | (Florida street address)                   |                                       | - <del></del>    |
| New Registered Office Address:   |  | , Florida                             | ·                |
|  | (City)                                     | (Zi <sub>l</sub>                      | (Code)           |
|  |  |                                       |                  |
| New Registered Agent's Signature, if changing Reg  |  |                                       |                  |
| hereby accept the appointment as registered agent.   | I am familiar with and accept the obligat  | tions of the position                 |                  |
|  |  |                                       |                  |
|  |  | ·                                     | <del></del>      |
| Sign   | ature of New Registered Agent, if changir  | ıg                                    |                  |

Check if applicable

 $\Box$  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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                      | $\underline{V}$ | Mike Jones  |             |
| _ <u>X</u> Add                | <u>sv</u>       | Satly Smith |             |
| Type of Action<br>(Check One) | Title           | <u>Name</u> | Address     |
| L) Change                     |                 |             |             |
| Add                           |                 |             |             |
| Remove                        |                 |             |             |
| 2) Change                     |                 |             |             |
| Add                           |                 |             |             |
| Remove 3.) Change             |                 |             |             |
| Add                           |                 |             |             |
| Remove                        |                 |             |             |
| 4) Change                     |                 |             |             |
| Add                           |                 |             | <del></del> |
| Remove                        |                 |             | <del></del> |
| 51 Change                     |                 |             |             |
| Add                           | -               |             |             |
|                               |                 |             |             |
| Remove                        |                 |             |             |
| 6) Change                     |                 |             |             |
| Add                           |                 |             |             |
| Remove                        |                 |             |             |

| If amending or adding additional Arti<br>Attach additional sheets, if necessary). | (Be specific)  |
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| lf an amendment provides for an exch  | nange, reclassification, or cancellation of issued shares, |
| provisions for implementing the amer  | ndment if not contained in the amendment itself:           |
| (if not applicable, indicate N/A)   |  |
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| The date of each amendment(s) ad<br>late this document was signed.                  | option:  | , if other than the                 |
|---|--|-------------------------------------|
| Effective date if applicable:   |  |                                     |
|   | (no more than 90 days after amendment file date)   |                                     |
| <b>Note:</b> If the date inserted in this bl<br>document's effective date on the De | ock does not meet the applicable statutory filing requirements, partment of State's records.   | this date will not be listed as the |
| Adoption of Amendment(s)  | ( <u>CHECK ONE</u> )   |                                     |
| The amendment(s) was/were ado action was not required.                              | pted by the incorporators, or board of directors without sharehole   | ler action and shareholder          |
| ■ The amendment(s) was/were ado<br>by the shareholders was/were su                  | pted by the shareholders. The number of votes cast for the amen<br>fficient for approval.  | dment(s)                            |
|   | roved by the shareholders through voting groups. The following each voting group entitled to vote separately on the amendments   |                                     |
| "The number of votes cast by SHAREHOLDER  | for the amendment(s) was/were sufficient for approval  |                                     |
| <i>v</i> ;  | (voting group)   |                                     |
| Dated   | mmee   | ·                                   |
| selected  | rector, president or other officer – if directors or officers have no , by an incorporator – if in the hands of a receiver, trustee, or othed fiduciary by that fiduciary) |                                     |
|   | LAURA JANE IVES MCGEE  |                                     |
| •   | (Typed or printed name of person signing)  | -, -,                               |
|   | PRESIDENT (100% SHAREHOLDER)   |                                     |

(Title of person signing)