Division of Corporations Electronic Filing Cover Sheet

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ror:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : BROWARD SOHO SERVICES INC.

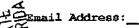
Account Number: I20100000080

Phone : (954)709-0380

Fax Number

: (954)960-5630

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*



## COR AMND/RESTATE/CORRECT OR O/D RESIGN STOP AND GO MARKET, CORP.

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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

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phone Number
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Articles of Amendment to

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OM 2- 12

	Articles of Incorporation of	2011 JUN -3 PM 3: 12
STOP AND	GO MARKET, CORP	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Name of Corporation as cur	rently filed with the Florida Dep	t. of State)
P1*	1000048124	
(Document Nu	mber of Corporation (if known)	
Pursuant to the provisions of section 607.100 amendment(s) to its Articles of Incorporation:	06, Florida Statutes, this <i>Florida</i>	Profit Corporation adopts the following
A. If amending name, enter the new name of	of the corporation:	
name must be distinguishable and contain abbreviation "Corp.," "Inc.," or Co.," or the name must contain the word "chartered," "problem in the most contain the word "chartered," "problem in the word "chartered,	e designation "Corp." "Inc." or of of essional association," or the abolicable:  ET ADDRESS)	"Co". A professional corporation
D. If amending the registered agent and/or new registered agent and/or the new registered Agent:  Name of New Registered Agent:		ida, enter the name of the
trame of them verifieled viscut.		<del>-</del> .
New Registered Office Address:	(Florida street address	<u>,                                      </u>
		Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changi	ng Registered Agent:	
I hereby accept the appointment as registered to	agent. I am familiar with and acc	ept the obligations of the position.
	Signature of New Pagistared Asses	, :-C-1

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)

Title	<u>Name</u>	Address	Type of Action
VP	PABLO, TORRES	1799 NORTH STATE ROAD 7 SUITE 13 MARGATE, FL 33063	Add Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
E. It amend	ding or adding additional Articles, dditional sheets. if necessary). (Be	e specific)	
provisi	mendment provides for an exchang ons for implementing the amendm not applicable, indicate N/A)	ge, reclassification, or cancellation of is ent if not contained in the amendment	sued shares, itself:

The date of each amendment(s) adoption: 06/01/2011				
•	(date of adoption is required) 06/01/2011			
Effective date if applicable:	(no more than 90 days after amendment file date)			
Adoption of Amendment(s)	(CHECK ONE)			
	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.			
The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement d 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	, n			
, <u>, , , , , , , , , , , , , , , , , , </u>	(voting group)			
The amendment(s) was/we action was not required.	re adopted by the board of directors without shareholder action and shareholder			
The amendment(s) was/we action was not required.	re adopted by the incorporators without shareholder action and shareholder			
Signature X				
(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)				
-r:				
	MAYRA Y GUERRA_			
	(Typed or printed name of person signing)			
	PRESIDENTE			
(Title of person signing)				