P11000005804

(Re	questor's Name)	-
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	· * * · · · · · · · · · · · · · · · · ·
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Amend 18.12

COVER LETTER

TO: Amendment Section

Division of Corporations	
NAME OF CORPORATION: Rest Office Suppocument number: P1100006586	prly Corp
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
James Anders	en
Name of Contact Person Rest Office Supple Firm/Company 430 NE 1915+	0 0
MIGMI F/ 33179 City/ State and Zip Code	
Ja & Sestoffice Supply on line. E-mail address: (to be used for future annual report no	(OM tification)
For further information concerning this matter, please call:	
James Andersen at 305	& Daytime Telephone Number
Name of Contact Person Area Code	& Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department	ment of State:
\$35 Filing Fee \$\text{Certificate of Status}\$\$ Certificate of Status \$\text{Certified Copy}\$\$ (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Division of Corporations P.O. Box 6327 Division of Clifton But 1	ent Section of Corporations

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

Rest office supply COPP	•
(Name of Corporation as currently filed with the Florida Dept. of State)	
P11000061864	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	g amendment(s) to
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 ab" "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must c 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)	
	- 100 G
	2 JE 28
	二朝
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 James Ander En	3 0
430 NE 1915+ ST	51
(Florida street address) Now Registered Office Address: MIMMI Florida 3317	9
New Registered Office Address: ///////////////////////////////////	• /
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	
Signature of New Registered Agent, if changing	

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	PT John Doe	
X Remove	<u>V</u> <u>Mike Jones</u>	
X Add	SV Sally Smith	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	Address S.L.
1) Change	P Josey Seide	430 NE 191 Street
· Add		MIGMÍ F1 33179
Remove		
2) Change	P James Andersen	430 NE 1918 Street
Remove		
3) Change		
Add		
Remove		
4) Change		
Add		
Remove		
5) Change		
Add		
Remove		
6) Change		
Add		
Remove		

. If amending of	or adding additional Art onal sheets, if necessary).	(Re specific)	e(s) here:		
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If an amenda	nent provides for an exc or implementing the amo	hange, reclassific	ation, or cancella ntained in the am	<u>tion of issued sha</u> iendment itself:	res,
(if not ap	pplicable, indicate N/A)				
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			. .		

he date of each amendment(s) ad	loption: June 1, 2012
ffective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
doption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
DatedJUI	ne 1, 2017
selected	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Title of person signing)