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SECRETARY OF STATE
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DEC 31 2013

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Happy Fee	t Retailers, Inc.	
DOCUMENT NUMBER: P1100008251	0	
The enclosed Articles of Amendment and fee are su	abmitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Marjorie Bekaert	Thomas	
	Name of Contact Persor	1
Bekaert Holdings	s, Inc.	
	Firm/ Company	
242 Chase Aven	ue	
	Address	
Winter Park, FL 3	32789	
	City/ State and Zip Code	e
mthomas@ivanhoe.d	com	
	sed for future annual report	notification)
	·	
For further information concerning this matter, please	se call:	
Bryan M. Thomas	_{at (} 407	342-2203
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	urtment 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	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment Articles of Incorporation

FILED

13 DEC 19 PH 3:25

Happy Feet Retailers, Inc.	10 DEC 10 IN 3. 2
(Name of Corporation as currently filed with the Florida Dept. of State)	SECRETARY OF STATE JAULAHASSEE, FLORID
D11000082510	a ActeMelAssud, FLORE

ent(s) to

(Documen	nt Number of Corporation	on (if known)	
Pursuant to the provisions of section 607. ts Articles of Incorporation:	1006, Florida Statutes,	this Florida Profit Corpo	ration adopts the following ame
A. If amending name, enter the new na	me of the corporation	<u>:</u>	
Bekaert Holdings, Inc.			The
name must be distinguishable and com "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," o	or "Co". A professional	
B. Enter new principal office address,	if annlicable	N/A	
Principal office address MUST BE A ST			
			
			
C. Enter new mailing address, if appli	icable:	N/A	
		IN/A	
(Mailing address MAY BE A POST (19/74	
(Mailing address <u>MAY BE A POST (</u>	OFFICE BOX)		the name of the
	OFFICE BOX) Id/or registered office :	address in Florida, enter	the name of the
(Mailing address MAY BE A POST (D. If amending the registered agent an	OFFICE BOX) Id/or registered office :	address in Florida, enter	the name of the
(Mailing address MAY BE A POST (D. If amending the registered agent an new registered agent and/or the new	OFFICE BOX) Id/or registered office a	address in Florida, enter	the name of the
(Mailing address MAY BE A POST (D. If amending the registered agent an new registered agent and/or the new	od/or registered office and N/A	address in Florida, enter	the name of the
(Mailing address MAY BE A POST (D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	od/or registered office and N/A	address in Florida, enter ress:	
(Mailing address MAY BE A POST (D. If amending the registered agent an new registered agent and/or the new	od/or registered office and N/A N/A (Floria	address in Florida, enter ress:	the name of the , Florida
(Mailing address MAY BE A POST (D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	od/or registered office and N/A N/A (Floria	address in Florida, enter ress: a street address	, Florida
(Mailing address MAY BE A POST (D. If amending the registered agent an new registered agent and/or the new Name of New Registered Agent	od/or registered office and N/A N/A (Florial	address in Florida, enter ress: da street address)	, Florida

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.

X Change	<u>PT</u> <u>Joh</u>	n Doe	
X Remove	V Mil	ke Jones	
X Add	<u>SV</u> <u>Sall</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	D	Bryan M. Thomas	242 Chase Avenue
Add			Winter Park, FL 32789
Remove			
2) Change	PD	Marjorie Bekaert Thomas	242 Chase Avenue
✓ Add			Winter Park, FL 32789
Remove			
3) Change			
Add			
Remove			
<u> </u>			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Article (Attach additional sheets, if necessary).	ticles, enter change(s) here:	
	(ве ѕресіліс)	
N/A		
	•	
		·
		_
	<u> </u>	_
F. If an amendment provides for an exch	hange, reclassification, or cancellation of issued shares,	
if not applicable, indicate N/A)	endment if not contained in the amendment itself:	
N/A		
· · · · · · · · · · · · · · · · · · ·		

date this document was signed.	adoption:	, if other than the
-	anuary 1, 2014	
<u>pp.neuse</u> .	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were about the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
_{Dated} Decer	nber 16,2013	
Signature <u></u>	Naispie Bekaert Thimas	
	i director, president or other officer — if directors or officers have not been	
	sted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	Marjorie Bekaert Thomas	
	(Typed or printed name of person signing)	_
	President and Director	
	(Title of person signing)	