PIDD8745

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION: _____ONE STOP BEACH SHOP, INC.

DOCUMENT NUMBER: P11000087457

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOTAZ H MOZAYAN

Name of Contact Person

ONE STOP BEACH SHOP, INC.

Firm/ Company

P O BOX 265143

Address

DAYTONA BEACH, FL 32126

City/ State and Zip Code

MONOLIMIT@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOTAZ H. MOZAYAN

Name of Contact Person

at (386) 235-4274 Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee

□S43.75 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

Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ONE STOP BEACH SHOP, INC.

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

P11000087457

(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.," or the designation "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 <u>MUST BE A STREET ADDRESS</u>)

C.	Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BON</u>)		18 (
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			2	רח רה–
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:		% 'i : 15	
	Name of New Registered Agent			

(Florida street address)

New Registered Office Address:

(City)

(Zip Code)

. Florida

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

: 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 = ChiefExecutive 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:

t

X Change	<u>PT</u>	John Doe	
X Remove	V	Mike Jones	
<u>X</u> Add	<u>SV</u>	Sally Smith	
<u>Type of Action</u> (Check One)	Title	<u>Name</u>	Address
1) Change	VP	MARWAN M. ALHINDI	449 TUSCANY CHASE DR.
XAdd			DAYTONA BEACH,FL 32117
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
۵) Change	·		
Add			
Remove			

	icles, enter change(s) here:
Attach additional sheets, if necessary).	
If an amendment provides for an exch provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, indment if not contained in the amendment itself:
(if not applicable, indicate N/Λ)	
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The date of each amendment(s) ado	09/26/2018	, if other than th
date this document was signed.	puon	
09/26/	/2018	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date w artment of State's records.	ill not be listed as th
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adop action was not required.	ned by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopt action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated	26/18 ota Mozan	
(By a dir selected,	ector. president or other officer) if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
М	MOTAZ H. MOZAYAN	
-	(Typed or printed name of person signing)	
F	PRESIDENT	

(Title of person signing)