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COVER LETTER

TO: Amendment Section Division of Corporations

2.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.
NAME OF CORPORATION: Nationwide Marine & Home Functure MFG Inc
DOCUMENT NUMBER: P12000 00 6913
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janet Thorpe Name of Contact Person
Nationwide Marine & Home Furniture MFG Inc
3330 NW 33 AVENUL
Lauderdale Lalas Fl 33309 City/ State and Zip Code
nation widemarine furniture o Jahou com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Patrice Brown / Janet Thorpeat (754) 234 8746 or 954 565 112 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee Certified Copy (Additional Copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation of 15 BER 28_PH 12: 51

Nationwide 11		e turniture		
· · · · · · · · · · · · · · · · · · ·	ame of Corporation as curren	tly filed with the Florida	Dept. of State) TALLAHASSEE, FLUMBA	
P1200000	6913		TAMERIANDOLL, EDITOR	
		of Corporation (if known)		
Pursuant to the provisions of section its Articles of Incorporation:	607.1006, Florida Statutes, this	s Florida Profit Corporati	on adopts the following amendment(s) to
A. If amending name, enter the ne	ew name of the corporation:			
			The new	
name must be distinguishable and "Corp.," "Inc.," or Co.," or the dword "chartered," "professional as	lesignation "Corp," "Inc," or	"Co". A professional co	corporated" or the abbreviation rporation name must contain the	
B. Enter new principal office add (Principal office address <u>MUST BE</u>				
C. Enter new mailing address, if (Mailing address MAY BE A Po	<u>applicable:</u> OST OFFICE BOX)	:		
			<u></u>	
D. If amending the registered age	int and/or registered office ad	dress in Florida, enter th	name of the	
new registered agent and/or th			t haine of the	
Name of New Registered A	gent	·		
	(Florida :	treet address)		
New Registered Office Add	lress:		, Florida	
11011 110 g 1110 1 0 1 0 1 1 1 1 1 1 1 1		(City)	(Zip Code)	
New Registered Agent's Signature I hereby accept the appointment as	e <u>, if changing Registered Age</u> registered agent. I am familia	nt: r with and accept the ohlig	ations of the position.	
	Signature of New	Registered Agent, if change	ging	

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	n Doe				
X Remove	<u>V</u> <u>Mik</u>	<u>V</u> <u>Mike Jones</u>				
X Add	SV Sall	y Smith				
Type of Action (Check One)	<u>Title</u>	Name	Address			
1) Change Add Remove	<u>V</u>	DAVE A Thorpe Sr.	3330NW 33AVE Lauderdale Latin Fl 33309			
2) Change Add Remove	S	Patrice Brown	3330 NW 33AVENU Lauderdale Laks Fl 33309			
3) Change Add Remove						
4) Change Add Remove						
5) Change Add Remove						
6) Change Add		·				

The date of each amendment(s) adoption: 09 21	2015	, if other than the
date this document was signed.		
Effective date if applicable: 09/21/15	90 days after amendment file date)	
(no more than	190 days after amendment file date)	
Note: If the date inserted in this block does not meet the approximent's effective date on the Department of State's records.		date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)		
The amendment(s) was/were adopted by the shareholders. To by the shareholders was/were sufficient for approval.	The number of votes cast for the amendmen	t(s)
☐ The amendment(s) was/were approved by the shareholders t must be separately provided for each voting group entitled		ment
"The number of votes cast for the amendment(s) was/v	vere sufficient for approval	
by(voting group)	."	
are amendment(s) was/were adopted by the board of directe action was not required.	ors without shareholder action and sharehol	lder
The amendment(s) was/were adopted by the incorporators was not required.	vithout shareholder action and shareholder	
Dated 9 21 15		
Signature May		
	fficer – if directors or officers have not bee the hands of a receiver, trustee, or other co	
appointed fiduciary by that fiducia		iuit
Janet	Thorpe ed name of person signing)	
(Typed or print	ed name of person signing)	
Presider	<u>.</u>	
	tle of person signing)	