PIZODOUZOZ

(Re	equestor's Name))
(Ac	idress)	
(Ac	ddress)	·
(Ci	ty/State/Zip/Phon	ne #)
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COVER LETTER

TO:	Amendment Section
	Division of Corporations

NAME OF CORPORATION: Island Syle	s of Sanibel Inc		
DOCUMENT NUMBER: P12000016 32	202		
The enclosed Articles of Amendment and fee are su	abmitted for filing.		
Please return all correspondence concerning this ma	tter to the following:		
Lori Moore			
Name of Contact Person			
Cape Coral Acco	unting Service L	LC	
	Firm/ Company		
3501-212 Del Pra	ado Blvd		
	Address		
Cape Coral, Flori	da 33904		
	City/ State and Zip Code	e	
lmoore@capecoralac	ccounting.com		
	sed for future annual report	notification)	
For further information concerning this matter, please	se call:		
Lori Moore	_{at (} 239	542-2558 de & Daytime Telephone Number	
Name of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee \$\times \$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	Address ment Section n of Corporations Building xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of



Island Styles of Sanibel Inc

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

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ment(s) to

(Document Number of Corp	poration (if known)
Pursuant to the provisions of section 607.1006, Florida Statista Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendme
A. If amending name, enter the new name of the corpor	
name must be distinguishable and contain the word "c "Corp.," "Inc.," or Co.," or the designation "Corp," "I word "chartered," "professional association," or the abbr	The new corporation," "company," or "incorporated" or the abbreviation lnc," or "Co". A professional corporation name must contain the reviation "P.A."
B. Enter new principal office address, if applicable:	Loretta Fernandez
(Principal office address <u>MUST BE A STREET ADDRES</u>	4234 SE 19th Place Unit D
	Cape Coral Florida 33904
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Loretta Fernandez
	4234 SE 19th Pl Unit D
	Cape Coral Fl 33904
D. If amending the registered agent and/or registered on new registered agent and/or the new registered office	
Name of New Registered Agent	
	Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Register I hereby accept the appointment as registered agent. I am	familiar with and accept the obligations of the position.
Signature of New Re	egistered 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	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
			,
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	PSTD	Anthony Million	4102 SE 19th PI #7
Add × Remove			Cape Coral Florida 33904
2) Change	PSTD	Loretta Fernandez	4234 SE 19th Pl Unit D
Add Remove	<u> </u>		Cape Coral FI 33904
3)Change			_
Add Remove			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add Remove			

E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)	
•	
. If an amendment provides for an exchange, reclassification, or cancell provisions for implementing the amendment if not contained in the an	ation of issued shares,
(if not applicable, indicate N/A)	menament usen.
ssued 100 shares to Anthony Million be canceled and issued 1	00 shares to Loretta fernandez

The date of each amendment(s)	adoption: April 27th, 2012
Effective date if applicable:	
-	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were a by 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 April	27th 2012
Signature	ANSON
selec	director, president or other officer – if directors or officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	Anthony Million
	(Typed or printed name of person signing)
	President
	(Title of person signing)