P/200002/595

(Requestor's Name)		
(Address)		
(Ad	ldress)	•
(Cit	ty/State/Zip/Phone	<i>϶#</i>)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mond 10013

Articles of Amendment to Articles of Incorporation of

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TALLASTA	PHI
17/4S	RY 2:35
	N-9 PM 2:35 RY OF STATE ORION

BESTBUYFLORIDAHOME.COM, INC.

Corporation as currently tile	d with the Florida	Dept. of State)		SEE FISTAIN
412	000021	595		PIDA
(Document Number of C	Corporation (if know	vn)		,
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this <i>Florid</i>	la Profit Corporation a	adopts the following	g amendment(s) to
A. If amending name, enter the new name of the cor	poration:			
				_The new
name must be distinguishable and contain the word "Corp.," "Inc.," or Co.," or the designation "Corp,' word "chartered," "professional association," or the a	' "Inc," or "Co".	A professional corpo	porated" or the al ration name must c	bbreviation contain the
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDI</u>	RESS)			
	_	····		•
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	ሳ			
				-
	_			•
	_			-
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		n Florida, enter the na	ame of the	
	mee audi ess.			
Name of New Registered Agent			_	
	(Florida street aa	dress)	_	
New Registered Office Address:		. Florid	la	
New Registered Office Address.	(City)		(Zip Code)	-
•				
New Registered Agent's Signature, if changing Regi				
I hereby accept the appointment as registered agent.		and accept the obligation	ons of the position.	

Signature of New Registered Agent, if changing

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: BEST BUY FGRIDA HORE, GA TUC
DOCUMENT NUMBER: P 120 000 2 1595
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sylva! Durit Name of Contact Person Best Buy Florida Home @ Ghrit Company The west Canine Rent \$ 343 Address Address City/ State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Name of Contact Person at (361) 999-549- 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 Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certified Copy (Additional Copy is enclosed) \$43.75 Filing Fee & 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

address of each Offic (Attach additional she Please note the officer: P = President; V = Vic Executive Officer; CF held. President, Treast Changes should be not a change, Mike Jones	er and/or I ets, if neces /director tit ce Presiden O = Chief urer, Direct ted in the fo	Director being added: sary) le by the first letter of the office title: it; T= Treasurer; S= Secretary; D= Direct. Financial Officer. If an officer/director ho or would be PTD. bllowing manner. Currently John Doe is lis	or; TR= Trustee; C = Chairman or Clerk; CEO = Chief olds more than one title, list the first letter of each office ted as the PST and Mike Jones is listed as the V. There is IS. These should be noted as John Doe, PT as a Change,
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	Address
1) 🔼 Change	Ceo	SYLVAIN DIPONT	160 West anino Peal Hd4
Add		/	Bock Paten FL 33432
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
1) Chausa			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			

__ Add

____ Remove

ttach additional sheets, if necessary).	(Be specific)
f an amendment provides for an excl	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

The date of each amendment(s) add	option:
Effective date <u>if applicable</u> :	
	(no more than 91) days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
☐ The amendment(s) was/were adop by the shareholders was/were suff	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
	or the amendment(s) was/were sufficient for approval
by	(voting.group)
	(voting.group)
action was not required. The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
Dated 0/-0	01.30R
Signature (By a dit Selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
-	(Typed or printed name of person signing)
-	(Title of person signing)