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COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations NAME OF CORPORATION: Weezzie 1 Stop Sho Inc P12000024614 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **Derrick S Stewart** Name of Contact Person Weezzie 1 Stop Shop Inc Firm/ Company 1234 Florida Ave Address Jacksonville Florida 32206 City/ State and Zip Code tntrlt1@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Derrick S Stewart** 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 □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) **Mailing Address** Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

FILING CANCELLED Articles of Amendment RETURNED CHECK

Articles of Incorporation of

| WEEZIE 1 Stop SHO Inc | |
|--|---|
| (Name of Corporation as currently filed with the Florida Dept. of State) | • |
| P120000 24614 | |
| (Document Number of Corporation (if known) | • |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation: | g amendment(s) t |
| A. If amending name, enter the new name of the corporation: | |
| weezzie 1 Stop Shop Inc | The new |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the all "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must a word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: | obreviation contain the |
| (Principal office address MUST BE A STREET ADDRESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: | DIVISION OF CORPORDITOR OF STATE OF CORPORDITOR OF |
| Name of New Registered Agent | 3 |
| (Florida street address) | — |
| New Registered Office Address:, Florida | • |
| (City) (Zip Code) | |
| 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 | |

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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> | <u>Name</u> | | <u>Addres</u> s |
| 1) Change Add Remove | | | | |
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| 6) Change Add Remove | | | , , , , , , , , , , , , , , , , , , , | |

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| f amending or adding additional Arti- attach additional sheets, if necessary). | (Be specific) | | |
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| f an amendment provides for an excha | nge, reclassification, or ca | ancellation of issued s | hares, |
| orovisions for implementing the amen (if not applicable, indicate N/A) | dment if not contained in | the amendment itself | <u>:</u> |
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| The date of each amendment(s) ac | 10ption: 04/10/2012 | KETUKNED CIII |
|---|-----------------------------------|---|
| Effective date if applicable: | | |
| | (no more than 90 | 0 days after amendment file date) |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were su | | number of votes cast for the amendment(s) |
| | | ough voting groups. The following statement wote separately on the amendment(s): |
| | for the amendment(s) was/were | |
| _{by} <u>1</u> | (voting group) | " |
| | (voting group) | · |
| | | without shareholder action and shareholder |
| The amendment(s) was/were ado action was not required. | pted by the incorporators witho | out shareholder action and shareholder |
| Dated_04/10/2 | 2012 | |
| Signature | Dend Son | <u></u> |
| | rector, president or other office | er – if directors or officers have not been hands of a receiver, trustee, or other court |
| | ed fiduciary by that fiduciary) | names of a receiver, trustee, or other court |
| | Derrick Stewart | |
| | (Typed or printed na | name of person signing) |
| | Pres | |
| · | (Title of person s | signing) |