## P12000043846

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Marketside Pawn,	Inc.		
DOCUMENT NUMI	BER: P12000043846			
	of Amendment and fee are su	bmitted for fil	ing.	
Please return all corres	spondence concerning this ma	tter to the follo	owing:	
	John A. Dematteo			
		Name of C	ontact Persor	n
	Marketside Pawn, Inc.			
		Firm/	Company	
	426 N Market Blvd		,	
	<u> </u>	Ac	ldress	<del></del>
	Webster, FL 33597			
		City/ State	and Zip Cod	e
Lori@	lindathigpencpa.com			
	E-mail address: (to be us	sed for future a	innual report	notification)
	·		•	
For further information	n concerning this matter, pleas	se call:		
Lori Maddox CPA		.4	,352	793-8885 ext 4
Name e	at (352) 793-8885 ext 4  Area Code & Daytime Telephone Number			
Enclosed is a check fo	r the following amount made			
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Fi Certified (Additional enclosed)	Copy al copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
<u>M</u> ai Ame Divi P.O Tall		Ameno Divisio Clifton	Address Iment Section on of Corporations a Building executive Center Circle	

Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of

Marketside Pawn, Inc.				
( <u>Name</u>	of Corporation as curren	tly filed with the Flo	rida Dept. of State)	
P12000043846				
<del></del>	(Document Number	of Corporation (if kno	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corp	oration adopts the foll	owing amendment(s) to
A. If amending name, enter the new na	ame of the corporation:			
Marketside Equipment Sales, Inc.				The new
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	nation "Corp," "Inc," or	"Co". A professiona		he abbreviation
B. Enter new principal office address,	if applicable:	N/A		
(Principal office address MUST BE A S	<del></del>			
C. Enter new mailing address, if appl		N/A	· •	<b>8</b> T
(Mailing address <u>MAY BE A POST</u>	OFFICE BOX)			ED 3:34
D. If amending the registered agent ar			er the name of the	٠.
new registered agent and/or the ne		<u> </u>		
Name of New Registered Agent	N/A			
	N/A			
	(Florida s	treet address)		
New Registered Office Address:	N/A		, Florida	
Hegister en oppee interesse.		(City)		(Zip Code)
New Registered Agent's Signature, if call thereby accept the appointment as registered.			obligations of the posit	ion.
	Signature of Nov	Registered Agent if a	shanaina	

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:	, แกน อนเ	ty Smuth, .	or us un Auu.	. 1	ii.
X Change	<u>PT</u>	John Do	<u>oe</u>	M.	A
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	1	
X Add	<u>SV</u>	Sally Sn	nith_		
Type of Action (Check One)	Title		Name		Address
1) Change		_	N/A	_	
Add					
Remove					
2) Change		_			
Add					
Remove					
3) Change		_			
Add					
Remove					
4) Change		_		_	.,,
Add					
Remove					
S) Charac					
5) Change		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>—</u>	
Add					
Remove					
6) Change		_		_	
Add					
Remove					

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
N/A
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares,
provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate $N/A$ )
NIA

The date of each amendment(s) a date this document was signed.	doption:, if other than th
Ap	ril 1, 2018
Effective date if applicable:	(no more than 90 days after amendment file date)
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date will not be listed as the epartment of State's records.
Adoption of Amendment(s)	(CHECK ONE)
The amendment(s) was/were act by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) ufficient for approval.
	proved by the shareholders through voting groups. The following statement reach voting group entitled to vote separately on the amendment(s):
"The number of votes cas	t for the amendment(s) was/were sufficient for approval
by	
	(voting group)
☐ The amendment(s) was/were action was not required.	opted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	opted by the incorporators without shareholder action and shareholder
Dated_ <i>P</i>	10110 Au 120
By a	director president or other officer – if directors or officers have not been ed, by an incorporator – if in the hands of a receiver, trustee, or other court need fiduciary by that fiduciary)
	John A Dematteo
	(Typed or printed name of person signing)
	President
	(Title of person signing)