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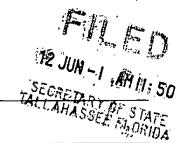
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: BALGIN	DEPOT IN	n
	046822	
The enclosed Articles of Amendment and fee are sub	omitted for filing.	
Please return all correspondence concerning this matt		
NINA Warsl	Name of Contact Person	n)
	(Firm/ Company)	
7906 Hibiscus	Circle	
•	(Address)	
Tamarac Pa	City/ State and Zip Code	
	(City/ State and Zip Code	e)
Sch noo 27 C E-mail address: (to be use	aol.com	notification)
For further information concerning this matter, please	e call:	•
Nina Warshaw (Name of Contact Person)	at ( 954	540-6462 ode & Daytime Telephone Number)
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amount made p	payable to the Florida Depa	artment of State:
\$35 Filing Fee \$\times\$ Certificate of Status	Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)
Mailing Address  Amendment Section	Street Address Amendment Section	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation



BARGIN DEPOT INC

e of Corporation as currently filed with the Florida Dept. of State

712000046822

(Document Number of Corporation (if known)

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

. If amending name, enter the new nan	ie of the corporati			
BARGAIN	DEPOT	INC		The
ame must be distinguishable and contain	the word "corporat	ion" or "incorporate	ed" or the abbreviation "Corp.	"or "In
Company" or "Co." may not be used in t	he name.			
. Enter new principal office address, if				
Principal office address <u>MUST BE A ST</u>	<u>REET ADDRESS</u> )			
			-	_
Enter new mailing address, if applica	able:			
(Mailing address MAY BE A POST O				
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. If amending the registered agent and	lan nagistanad affic	o addrace in Florid	anter the name of the	•
new registered agent and/or the new			t, enter the name of the	
Hew registered agent with or the new	10,10,000			
Name of New Registered Agent:				
	·			
lew Registered Office Address:	ı	(Floridu street address)		
ew Registered Office Address.				
			, Florida	
	(City)		(Zip Code)	
ew Registered Agent's Signature, if ch				
hereby accept the appointment as register	red agent. I am fai	miliar with and accep	ot the obligations of the position	7.
			*	
Cian	ature at New Regist	tered Agent, if chang	1HQ	

Page 1 of 4

The date of each amendment(s) adoption: $\frac{5/28/20/2}{}$
Effective date if applicable: 5/21/2012
(no more than 90 days after amendment file date)
Adoption of Amendment(s) (CHECK_ONE)
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated <u>5/28/20/2</u> Signature
(By the chairman or vice chairman of the board, president or other officer-if directors
have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
oner court appointed indiciary by that indiciary)
Hourie Farahi
(Typed or printed pame of person signing)
CWNER /
(Title of person signing)