P12000047342

(Requestor's Name)
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PICK-UP · WAIT MAIL
(Business Entity Name)
(Document Number)
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DIVISION OF CORPORATION

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COVER LETTER

Division of Corpe			,	
NAME OF CORPOR	ATION: GALLO	WAY'S FUR	NITURE STURES	١٦١
DOCUMENT NUMB	ER: $V L Q c$	2004-134	2	
	of Amendment and fee are su		•	
Please return all corres	pondence concerning this ma	atter to the following:		
-	CR	Name of Contact Perso	SHATTO	
-		Firm/ Company		
	P	O Box 1	30962	
-		Address		
	7	AMPA \$	30862	
•		City/ State and Zip Cod	le	
	Shattop E-mail address: (to be us		hlink, net	
For further information	concerning this matter, pleas	se call:		
C72410.	ST-IATO f Contact Person	at (<u>813</u> Area Co	ode & Daytime Telephone Number	
Enclosed is a check for	the following amount made			
\$35 Filing Fee	□\$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)	
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Mailing Address

TO: Amendment Section

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

Articles of Amendment

to Australian of Innormalian
Articles of Incorporation of
GALLOWAYS FURNITURE STURES INC. 2 AND
(Name of Corporation as currently filed with the Florida Dept. of State)
P12000047342
(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 amendment(s) to its Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
FWD ENTERPRISES CO
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) TAMPA FL
33614
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Po 13.0867
tompa to
33681
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:
Name of New Registered Agent Savue
(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

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 <math>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	Y	Mike Jone	<u>s</u>		
X Add	<u>sv</u>	Sally Smit	<u>h</u>		
Type of Action (Check One)	<u>Title</u>	N	ame	Λı	Address
1)Change	 _	 -			
Add					
Remove			NA		
2) Change					
Add					
Remove					
3) Change					
Add					
Remove					
4) Change					
Add					
Remove					
5) Change	·				
Add				JV	
Remove					
6) Change	·				
Add					
Remove					

ach additional she	ets, if necessary).	(Be specific)			
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n amendment pro	vides for an excl	nange, reclassif	cation, or cance	llation of issued	shares.
ovisions for imple if not applicable)	ementing the ame	endment if not c	ontained in the	amendment itse	<u>lf:</u>
(і) пот аррисавіє	s, maicule WA)				
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The date of each amendment(s) adoption: 2/1/2013
Effective date if applicable: Z/1 2013
(no more thần 90 days after amendment file date)
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.
Dated 2/1/2013
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court
appointed fiduciary by that fiduciary) CRATE S. SHATO
(Typed or printed name of person signing)
O S. Still
(Title of pocson signing)