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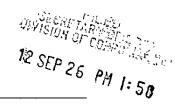
Amend 12

COVER LETTER

TO: Amendment Section (a)*Division of Corporations

NAME OF CORPORATION: NOSTALGIC	LAMPPOSTS & MAI	LBOXES PLUS, INC.
DOCUMENT NUMBER: P1200006932		
The enclosed Articles of Amendment and fee are so		
Please return all correspondence concerning this ma	atter to the following:	
Michael M. Wilso	on, Esq.	
	Name of Contact Person	1
Olmsted & Wilso	n, P.A.	
	Firm/ Company	
17801 Murdock (Circle, Suite A	
	Address	_
Port Charlotte, F	L 33948	
	City/ State and Zip Code	
mike@owpa.com		
	sed for future annual report	notification)
E-man address: (to be u	ised for future annual report	notification)
For further information concerning this matter, plea	se call:	
Michael M. Wilson, Esq.	_{at (} 941	624-2700
Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for the following amount made	payable to the Florida Depa	artment of State:
\$35 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)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle Insee, FL 32301

Articles of Amendment to Articles of Incorporation



NOSTALGIC LAMPPOSTS & MAILBOXES PLUS, INC.

(Name of Corporation as currently filed with the F	lorida Dept. of State)
P12000069321	
(Document Number of Corporation (i	f known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	_The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "word "chartered," "professional association," or the abbreviation "	Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	451 Dogwood Street
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	Port Charlotte, FL 33954
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 7202
	North Port, FL 34290
D. If amending the registered agent and/or registered office addr new registered agent and/or the new registered office address	
Name of New Registered Agent Michael M. Wilso	on, Esq.
17801-A Murdo	ck Circle
(Florida str.	eet address)
New Registered Office Address: Port Charlotte, F	FL 33948, Florida 33948
(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>
I hereby accept the appointment as registered agent. I am familiar v	with and accept the obligations of the position.
Signature of New Registered	Apart Chambia

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> <u>Johr</u>	1 Doe	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	D, S	Tom Chase	4225 Ulman Ave.
Add X Remove			North Port, FL 34286
2) X Change	Ð, P, S, T	Mike Burkhart	P.O. Box 7202
Add			North Port, FL 34290
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

tach <i>additional sheets</i> ,	, if necessary).	Be specific)			
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an amendment provice rovisions for implement (if not applicable, in	enting the amend	ge, reclassification ment if not conta	on, or cancellati	on of issued sha ndment itself:	res.
·		· . <u>-</u> .			
			·		

The date of each amendment(s	a) adoption: September 21, 2012		
Effective date if applicable: September 21, 2012			
Effective date <u>if applicable</u> .	(no more than 90 days after amendment file date)		
Adoption of Amendment(s)	(CHECK ONE)		
☐ The amendment(s) was/were by the shareholders was/wer	adopted by the shareholders. The number of votes cast for the amendment(s) e sufficient for approval.		
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):		
"The number of votes of	east for the amendment(s) was/were sufficient for approval		
by	(voting group)		
	(voting group)		
■ The amendment(s) was/were action was not required.	adopted by the board of directors without shareholder action and shareholder		
☐ The amendment(s) was/were action was not required.	adopted by the incorporators without shareholder action and shareholder		
Dated9	124/12		
Signature	M I I		
(By	a director, president or other officer – if directors or officers have not been ected, by an incorporator – if in the hands of a receiver, trustee, or other court		
	pointed fiduciary by that fiduciary)		
	Mike Burkhart		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		