

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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NOV 14 2013

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Phone

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R. WHITE the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN HOPS AND SHOTS INC.

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Division of Corporations

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| NAME OF CORPORATION: HOPS AND SHOTS INC. |  |  |  |  |  |
|--|--|--|--|--|--|
| DOCUMENT NU                              | MBER:                                      | P13000009257   |  |  |  |
| The enclosed Artic                       | les of Amendment and fee a                 | re submitted for filing.   |  |  |  |
| Please return all co                     | rrespondence concerning thi                | s matter to the following:                                       |  |  |  |
|  |  | nelda Vasquez<br>of Contact Person)                              |  |  |  |
|  | (14mm)                                     | or Community Goods   |  |  |  |
|  | Legalzoom.com, Inc. (Firm/ Company)        |  |  |  |  |
|  | (4.0                                       | in Company)  |  |  |  |
|  | 100 W.                                     | Broadway Suite 100   | •  |  |  |
|  |  | (Address)  |  |  |  |
|  |  |  |  |  |  |
|  |  | ndale, CA 91210  |  |  |  |
|  |  | tate and Zip Code)   |  |  |  |
| For further inform                       | ation concerning this matter,              | please call:   |  |  |  |
|  | Imelda Vasquez                             | at ( <u>323</u> ) <u>962-860</u>                                 |  |  |  |
| (Nam                                     | e of Contact Person)                       | (Area Code & Daytim  | e Telephone Number)  |  |  |
| Enclosed is a chec                       | k for the following amount n               | nade payable to the Florida De                                   | partment of State:   |  |  |
| ■\$35 Füing Fee                          | \$43.75 Filing Fee & Certificate of Status | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | S52.50 Piling Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| Mailing Address                          |  | Street Address   |  |  |  |
| Amendment Section                        |  | Amendment Section  | _  |  |  |
| Division of Corporations P.O. Box 6327   |  | Division of Corporations<br>Clifton Building                     | <b>,</b>   |  |  |
| Tallahassee, FL 32314                    |  | 2661 Executive Center (  | Circle   |  |  |
| дадициооо а ш ожо ат                     |  | Tallahassee, FL 32301  |  |  |  |

13239628300 From: Jeanne Keng

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## Articles of Amendment to Articles of Incorporation of

|  | D SHOTS INC.  |                             |  |  |  |
|--|---|-----------------------------|--|--|--|
| (Name of Corporation as currently  | y filed with the Florida Dept. of                       | (State)                     |  |  |  |
| P13000009257   |   |                             |  |  |  |
| (Document Number   | of Corporation (if known)                               |                             |  |  |  |
| Pursuant to the provisions of section 607.1006, I following amendment(s) to its Articles of Incorpora  | Florida Statutes, this Florida Pration:                 | ofit Corporation adopts the |  |  |  |
| A. If amending name, enter the new name of the   | e corporation;  |                             |  |  |  |
| The new name must be distinguishable and "incorporated" or the abbreviation "Corp.," "In "Co". A professional corporation name nassociation," or the abbreviation "P.A." | ic." or Co" or the designation                          | on "Corp." "Inc." or        |  |  |  |
| B. Enter new principal office address, if applies (Principal office address MUST BE A STREET A   | ible:<br>IDDRESS)                                       |                             |  |  |  |
| C. Enter new mailing address, if applicable: (Mailing address MAI BE A POST OFFICE   | BOX)  |                             |  |  |  |
|  |   |                             |  |  |  |
| D. If amending the registered agent and/or registered agent and/or the new registered  | stered office address in Florida.<br>ed office address: | cater the name of the       |  |  |  |
| Name of New Registered Agent:  |   |                             |  |  |  |
| New Registered Office Address:   | (Florida street address)                                |                             |  |  |  |
|  | (City)  | , Florida<br>(Zip Code)     |  |  |  |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered as position.   | Registered Agent:                                       | · -                         |  |  |  |
| Sign   | ature of New Registered Agent, ij                       | 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)

| <u>Title</u>   | Name             | Address                                | Type of Action |  |  |  |
|--|------------------|--|----------------|--|--|--|
| s  | Lewis Levenstein | 1447 South Federal Hwy                 | Ø Add          |  |  |  |
| Ξ  | LOTTO EUTOTOM    | Boynton Beach, Fl. 33435               | ☐ Remove       |  |  |  |
|  |                  |  | _              |  |  |  |
|  |                  |  |                |  |  |  |
| <u>s,D</u>   | Shelly Sieber    | 922 Mc Mullen Booth Road               | _ D Add        |  |  |  |
|  |                  | Clearwater, FL 33759                   | Z Remove       |  |  |  |
|  |                  |  | -              |  |  |  |
|  |                  |  | Cl Add         |  |  |  |
|  |                  |  | ☐ Remove       |  |  |  |
|  |                  |  | -              |  |  |  |
|  |                  |  |                |  |  |  |
| E. If amending or additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific) Article V. The address of President, Treasurer, Director Lewis Levenstein shall be:  PTD - Lewis Levenstein, 1447 South Federal Hwy Boynton Beach, FL 33435 |                  |  |                |  |  |  |
|  |                  |  |                |  |  |  |
|  |                  |  |                |  |  |  |
|  |                  |  |                |  |  |  |
| F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment it not contained in the amendment itself:  (if not applicable, indicate N/A)  |                  |  |                |  |  |  |
|  |                  |  |                |  |  |  |
|  |                  | ************************************** |                |  |  |  |
|  |                  |  |                |  |  |  |
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|  |                  |  |                |  |  |  |
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