# P130000546,20

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SECRETARY OF STATE
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C. LEWIS

JUL 2 4 2013

EXAMINER

# URGENT.

Division of Corporations ONE STOP SHOP FOR BEER AND CIGARETTES, INC NAME OF CORPORATION: **DOCUMENT NUMBER:** P13000054620 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Al Mesa-Franco Name of Contact Person Firm/ Company P.O. Box 692468 Address Orlando, FL 32869 City/ State and Zip Code mesafranco@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Al Mesa-Franco  $at \, (\frac{407}{\text{Area Code & Daytime Telephone Number}})$ Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: ■ \$35 Filing Fee □\$43.75 Filing Fee & □S43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certificate of Status Certified Copy Certified Copy (Additional copy is enclosed) (Additional Copy is enclosed)

#### **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 Articles of Incorporation

## ONE STOP SHOP FOR BEER AND CIGARETTES, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000054620	)	
(Document Number of Corporation (if	`known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>I</i> its Articles of Incorporation:	Florida Profit Corporation ad	opts the following amendment(s) to
A. If amending name, enter the new name of the corporation:		
N/A		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 corpora	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	FILED  13 JUL 22, PH 4:  SECRETARY OF STALLAHASSEE, FLO
D. If amending the registered agent and/or registered office address:  Name of New Registered Agent  New Registered Agent		ATE PDA
(Florida stre	eet address)	

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

New Registered Office Address:

(City)

, Florida

(Zip Code)

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:	ve, ana sauy smu	n, SV as an Add.	
X Change	<u>PT</u> <u>John</u>	Doe	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
<u>X</u> Add	<u>SV</u> <u>Sally</u>	Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change	DT	Alexander Mandina	1920 REEF CLUB DR
Add			Kissimmee, FL 34741
X Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
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The date of each amendment(s) ac	doption: <u>7-16-13</u>	
Effective date <u>if applicable</u> :	(no more than 90 days afte	FIFE
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		13 JUL 22 PM 4: 2
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	SECRETARY DE STAT
☐ The amendment(s) was/were add	opted by the shareholders. The number o	SECRETARY OF STATE TALLAHASSEE. FLORID
by the shareholders was/were su	ifficient for approval.	
		m, a.u.
	proved by the shareholders through voting each voting group entitled to vote separa	
"The number of votes cast	for the amendment(s) was/were sufficien	t for approval
by		."
•	(voting group)	
action was not required.	opted by the incorporators without shareh	older action and shareholder
Dated <b>&gt;</b> -/	6-2013	
Signature _	irecor, president or other officer – if dire	
( <b>↓</b> •	irecor, president or other officer – if dired, by an incorporator – if in the hands of	
	ted fiduciary by that fiduciary)	a receiver, trustee, or other court
	Rubento SAGNE	
	(Typed or printed name of pe	erson signing)
	DINELTOR	
	(Title of person signing)	