## P13000000137

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AmendCus

AUG 14 2017
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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	RATION: CRAIG'S	CARTS IN	0,			
DOCUMENT NUME	BER:	00062137				
The enclosed Articles	of Amendment and fee are su	ibmitted for filing.				
Please return all corres	spondence concerning this ma	tter to the following:				
	_	Name of Contact Perso 165 ARTS Firm/Company	••			
	360 THOR AVE SE SUITE # 3					
1	PALM BAY, FL 32909 City/ State and Zip Code					
	City/ State and Zip Code					
	E-mail address: (to be us	sed for inture annual report	notification)			
For further information	concerning this matter, pleas	e call:				
<i>MEZ ON/12</i> Name o	f Contact Person	50N at ( <u>32/</u> Area Co	) 821-4985 de & Daytune Telephone Number			
Enclosed is a check for	the following amount made p	payable to the Florida Depa	urtment of State:			
S35 Filing Fee	2343.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
	ing Address ndment Section		Address ment Section			

Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

## Articles of Amendment to Articles of Incorporation

of	

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

CRAIG'S CRATS INC.	P13000062137	
· (Document Num	ber of Corporation (if known)	
Pursuant to the provisions of section 607,1006, Florida Statutes, its Articles of Incorporation:	, this Florida Profit Corporation adopts the foll	owing amendment(s) to
A. If amending name, enter the new name of the corporatio	<u>n:</u>	The new
name must be distinguishable and contain the word "corpo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," word "chartered," "professional association," or the abbrevia	or "Co". A professional corporation name r	he abbreviation
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	N/A	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u> )	N/A	FILE C
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office ad	address in Florida, enter the name of the dress:	## ## ## ## ## ## ## ## ## ## ## ## ##
Name of New Registered Agent	N/A	<del></del>
(Flori	ida street address)	
New Registered Office Address:	, Florida,	(Zip Code)
New Registered Agent's Signature, if changing Registered A I hereby accept the appointment as registered agent. I am fam	iliar with and accept the obligations of the posi.	tion.
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 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.

X Change	<u>PT</u>	John Do	<u>ie</u>		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sr	nith		
Type of Action (Check One)	Title		Name		Address
1) Change	51		MEZONIE	I. THOMPSON	1980 KNOTTY PINE RE
Add					MELBOURNE, FL
Remove					32904
2) Change		_		<u> </u>	
Add′					
Remove					
3) Change	H-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<del></del>			
Add					,
Remove					
4) Change		_			
Add					
Remove					
5) Change		_			
Add <sub>.</sub>					
Remove					
δ) Change					
Add		_			
Remove					,
41CH10 4 C					_

	ary). (Be specific)			
	N/A			
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		t at a constant		
an amendment provides for a provisions for implementing the	n exchange, regiassii e amendment if not a	ication, or cancenation	on oj issued snares, idment itself:	
(if not applicable, indicate N	7/4)		11.7611.	
		N/k		
		<i>N/K</i>		
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•				A.T. 1 41

The date of each amendment(s) adoption:	NA	, if other than th
late this document was signed.		
Effective date if applicable:	8/10/17	
(no more than	90 days after amendment file date)	
Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's records.		e will not be listed as th
Adoption of Amendment(s) ( <u>CHECK ONE</u> )		
☐ The amendment(s) was/were adopted by the shareholders. The by the shareholders was/were sufficient for approval.	The number of votes east for the amendment(s)	
☐ The amendment(s) was/were approved by the shareholders the must be separately provided for each voting group entitled to		nı
"The number of votes east for the amendment(s) was/w	vere sufficient for approval	
by	<u> </u>	
(voting group)		
☐ The amendment(s) was/were adopted by the board of directo action was not required.	ors without shareholder action and shareholder	ı
The amendment(s) was/were adopted by the incorporators will action was not required.	thout shareholder action and shareholder	
Dated 8/2/17		
Signature Nolling (Ma) (By a director, president or other of	Mig THOUS A	<del></del>
selected, by an incorporator – if in a appointed fiduciary by that fiduciar	the hands of a receiver, trustee, or other court ry)	
NASON C. (Typed or printe)	Thompson ed name of person signing)	
Du	rector,	
(Titl	le of person signing)	