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(((H17000276720 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FILEMAN LAW FIRM, P.A.

Account Number : I20080000057

: (941)833-5560

Fax Number

: (941)833-5557

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

G Fileman @ FILEMAN

COR AMND/RESTATE/CORRECT OR O/D RESIGN S/C OF SARASOTA INC.

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T. LEMIEUX

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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION:	1 Sarasota, Axc P130000 64085
DOCUMENT NUMBER:	P130000 64085
The enclosed Articles of Amendment and fee are sub	emitted for filing.
Please return all correspondence concerning this mat	er to the following:
	Name of Contact Person Sara Sota, Anc. Firm/ Company
	Jurusora, fine.
	Sumter Blvd.
	City/ State and Zip Code
E-mail address: (to be us	Port, 7L 34287 City/ State and Zip Code Eman & Fileman law - Com End for future annual report notification)
For further information concerning this matter, pleas	
Gary ? Fileman, Es	at (941) 833-5560 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made p	payable to the Florida Department of State:
□ \$35 Filing Fee	Certified Copy (Additional copy is enclosed) Captiling Fee & Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address 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 As	nendment H17089276720 3
to	
Articles of Inco	2017 OCT 20 P 12: 08
3/c of Sara	SOTA, INC. STORES
(Name of Corporation as currently	filed with the Florida Dept. of State)
	000 64085
(Document Number of	Corporation (if 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:	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 corporation name must contain the
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 MAY BE A POST OFFICE BOX)	•
D. If amending the registered agent aud/or registered office addr new registered agent aud/or the new registered office address	
Name of New Registered Agent SULVE JULY	LTURE AGGIMENT; . Sumter Blvd.,
New Registered Office Address: NORTH	Port Florida 34287 (City) (Cip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar v	: vith and accept the obligations of the position.
Slije	
Signature of New R	egistered Agent, if changing

H170002767203

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	PT	John Do	ė		
X Remove	<u>v</u>	Mike Jo	nes		
X Add	<u>sv</u>	Sally Sm	<u>uith</u>		
Type of Action (Check One)	Title		Name		Address
I) Change		_		-	
Add					
Remove					
2) Change					
Add					
Remove					
3)Change					
Add		_		•	•
Remove			,		
4) Change		_			
Add					
Remove					
5					
5) Change	****				
Add					,
Remove					
6) Change .		_			
Add			,		
Remove					

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	cles, enter change(s) (Be specific)			
		N/A		
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	<u>hange, reclassificătion</u>	a, or cancellation of	ssued shares.	
<u>If an amendment provides for an excl</u>	endment if not contain	ueu in we amenumei		
If an amendment provides for an exclusions for implementing the ame (if not applicable, indicate N/A)	endment if not contain		ii iwwii	
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provisions for implementing the ame	endment if not contain			
provisions for implementing the ame	endment if not contain			
provisions for implementing the ame	endment if not contain			

	tion: October 18, 2017.	if other than the
The date of each amendment(s) adopt	don: October 10/3001	, it other than th
date this document was signed.	Make to the second	
Effective date if applicable:	UCTOBER 18, 2019.	
The state of the s	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Depart	k does not meet the applicable statutory filing requirements, this current of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
-		
The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment tient for approval.	t(s)
	ved by the shareholders through voting groups. The following states the voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for	the amendment(s) was/were sufficient for approval	
by	,"	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	ed by the board of directors without shareholder action and sharehol	der
☐ The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated	bAER 18, 2017	
Signature		
	ctor, president or other officer - if directors or officers have not bee	
	by an incorporator — if in the hands of a receiver, trustee, or other confiduciary by that fiduciary)	nirt
	Salvatore agginent (Typed or printed name of person signing)	7
	(Typed or printed pame of person signing)	
	Resident	
_	(Title of person signing)	