P14000005555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200256247902

02/03/14--01033--012 **35.00

14 FEB -3 AM 9: 26

C. LEWIS
FEB - 6 20 FY
EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: OUR FAMI	LY TREASURE	, INC	
DOCUMENT NUME	D1400000EEE			
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	ROSEMARY NO	WOTNY		
·		Name of Contact Person	n	
	9404 WHITTING	Firm/ Company		
JACKSONVILLE, FL 32257				
		City/ State and Zip Cod	e	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
ROSEMARY	NOWOTNY	at (904	, 731-2081	
Name o	of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	☐\$43.75 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 Division Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301	

AND FILED 14 FEB -3 AM 9: 26 SECON MAY OF STAIR

Articles of Amendment to Articles of Incorporation of

OUR FAMILY TREASURE, INC	
(Name of Corporation as currently filed with the Florida Dept. of State)	
P1400005555	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendatis Articles of Incorporation:	ment(s) to
A. If amending name, enter the new name of the corporation:	
OUR FAMILY TREASURES, INC	ew
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviati "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain tword "chartered," "professional association," or the abbreviation "P.A."	ion
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Code)	
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	

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)

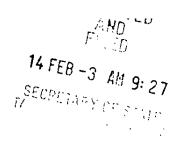
Please note the officer/director title by the first letter of the office title:

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>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add			
Remove			****
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		<u> </u>	
Add			
Remove			
6) Change			· The state of the
Add			
Remove			

uaen <i>aaaiiionai sheets,</i> ,	if necessary). (E	le specific)			
		·			
				·	
					.
<u>.</u>		<u> </u>			
· · ·					
		•			
an amendment provider rovisions for implemen	es for an exchang	e, reclassification.	or cancellation of	of issued shares.	
if not applicable, in	dicate N/A)	ent it not contain	eu in the amenun	ient iiseii.	
	·				



The date of each amendment(s) adoption: 01/24/2014	, if other than th
date this document was signed.		
Effective date if applicable:	01/24/2014	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amendment(s) re-sufficient for approval.	
	approved by the shareholders through voting groups. The following statement of for each voting group entitled to vote separately on the amendment(s):	
	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	
Dated 1- d	16-14	
Signature	Bosman Muscotta Street and the not been with the street of	 -
sel	ected, by an incorporator – if in the hands of a receiver, trustee, or other court pointed fiduciary by that fiduciary)	
	ROSEMARY NOWOTNY	
	(Typed or printed name of person signing)	
	VICE PRESIDENT	
	(Title of person signing)	