

P14000008889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 FEB 26 PM 4:58

Almond  
02/25/14  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 FEB 24 PM 4:48

FILED  
TALLAHASSEE  
FEB 24 2014

February 11, 2014

MICHELE FRANCIS  
MICHAEL'S IMPORTS INC  
1745 N. MONROE ST.  
TALLAHASSEE, FL 32303

SUBJECT: MICHAEL'S IMPORTS INC  
Ref. Number: P14000008889

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II

Letter Number: 814A00003092

Articles of Amendment  
to  
Articles of Incorporation  
of

MICHAEL'S IMPORTS INC.

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

P14000008889

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**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

Michele Francis

1745 N. Monroe St. Tall FL. 32303

(Florida street address)

New Registered Office Address:

Tall

(City)

Florida

32303

(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:**

☒ Change      PT      John Doe

☒ Remove      V      Mike Jones

☒ Add      SV      Sally Smith

Type of Action  
(Check One)

Title

Name

Address

- |   |           |                        |                           |
|---|-----------|------------------------|---------------------------|
| 1) <input checked="" type="checkbox"/> Change | <u>P</u>  | <u>MICHAEL FRANCIS</u> | <u>1745 N. Monroe St.</u> |
| <input type="checkbox"/> Add                  |           | <u>(90% officer)</u>   | <u>Tall Fl</u>            |
| <input type="checkbox"/> Remove               |           |                        | <u>32303</u>              |
| 2) <input checked="" type="checkbox"/> Change | <u>VP</u> | <u>MICHELE FRANCIS</u> | <u>1745 N. Monroe St.</u> |
| <input type="checkbox"/> Add                  |           | <u>(10% officer)</u>   | <u>Tall Fl.</u>           |
| <input type="checkbox"/> Remove               |           |                        | <u>32303</u>              |
| 3) <input type="checkbox"/> Change            | _____     | _____                  | _____                     |
| <input type="checkbox"/> Add                  |           |                        | _____                     |
| <input type="checkbox"/> Remove               |           |                        | _____                     |
| 4) <input type="checkbox"/> Change            | _____     | _____                  | _____                     |
| <input type="checkbox"/> Add                  |           |                        | _____                     |
| <input type="checkbox"/> Remove               |           |                        | _____                     |
| 5) <input type="checkbox"/> Change            | _____     | _____                  | _____                     |
| <input type="checkbox"/> Add                  |           |                        | _____                     |
| <input type="checkbox"/> Remove               |           |                        | _____                     |
| 6) <input type="checkbox"/> Change            | _____     | _____                  | _____                     |
| <input type="checkbox"/> Add                  |           |                        | _____                     |
| <input type="checkbox"/> Remove               |           |                        | _____                     |

**E. If amending or adding additional Articles, enter change(s) here:**

*(Attach additional sheets, if necessary). (Be specific)*

0

N/A

**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

N/A

The date of each amendment(s) adoption: Jan. 30, 2014, if other than the date this document was signed.

Effective date if applicable: Jan. 30, 2014  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_"  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated Jan. 30, 2014

Signature

[Signature]  
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael L. Francis

(Typed or printed name of person signing)

President

(Title of person signing)