P14000034691

(Re	questor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: BABCOCK THRI	FT AND CONSIGNMENT	r, Inc.
DOCUMENT NUM			
	of Amendment and fee are su	ibmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	GENE NATALE		
		Name of Contact Person	n
	ALRON ENTERPRISES, IN	IC.	
		Firm/ Company	
	3990 MINTON ROAD		
		Address	
	MELBOURNE, FL 32904		
		City/ State and Zip Cod	e
GEN	ENATALE@ALRONCORPS	s.COM	
	•	sed for future annual report	notification)
	·		
For further informatio	n concerning this matter, pleas	se call:	
GENE NATALE		at (³²¹	951-7626
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check for	or 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 ahassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

	BABCOCK	THRIFT	AND	CONSIGMENT,	INC
--	---------	--------	-----	-------------	-----

(Name	of Corporation as cur	rently filed with the Flo	rida Dept. of State)	
P14000034691				
	(Document Num	ber of Corporation (if kno	own)	
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes,	, this <i>Florida Profit Corp</i>	oration adopts the fo	llowing amendment(s) to
A. If amending name, enter the new n	ame of the corporation	<u>n:</u>		
name must be distinguishable and cor "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associate. B. Enter new principal office address.	nation "Corp," "Inc," ation," or the abbreviat	or "Co". A professiona		
(Principal office address MUST BE A S			· ·	語も四
C. Enter new mailing address, if apple (Mailing address MAY BE A POST) D. If amending the registered agent and new registered agent and/or the new registered	OFFICE BOX) nd/or registered office		er the name of the	PH 12: 41
Name of New Registered Agent	SCOTT MCKIE			,
	895 RIVIERA DRIV	E		
	(Florid	da street address)		·,
New Registered Office Address:	PALM BAY		. Florida 32	905
in the state of th	··	(City)	, i karaa	(Zip Code)
New Registered Agent's Signature, if of the land			obligations of the pos	ition.
	Signature of N	lew Registered Agent, if c	hanging	-

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 D	doc	
X Remove	<u>V</u>	Mike J	<u>ones</u>	
X Add	<u>sv</u>	Sally S	<u>mith</u>	
Type of Action (Check One)	Title		<u>Name</u>	<u>Addres</u> s
1) Change	VP		DOUGLAS A. BERGER	798 WYETH ST.
Add X Remove			•	WEST MELBOURNE, FL 32904
2) X Change	PST		SCOTT D. MCKIE	895 RIVIERA DRIVE NE.
Add				PALM BAY, FL 32905
Remove 3) Change	VP		GUSTAVO TRILLO	1735 WAPELLO AVE SE.
X Add				PALM BAY, FL 32909
Remove			•	
4) Change Add				
Remove				
5) Change		_		
Add Remove				
6) Change				
Add				
Remove				

	ding additional Ar sheets, if necessary).	(Be specific)			
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· a.a		nange, reclassific	cation, or cancena entained in the en	<u>illon of issued shares.</u> condment itself:	ı
an amendment provisions for im	nlementing the and	endment if not co			
<u>provisions for im</u>	plementing the amount in the plementing the plementing the plement in the plement	endment if not co	manet in the an	icuditent tesen.	•
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provisions for im	plementing the amo	endment if not co	· ·	,	

	SEPTEMBER 1, 2016	
The date of each amendment(s) a date this document was signed.	doption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the D	block does not meet the applicable statutory filing requirements, this date epartment of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad by the shareholders was/were s	opted by the shareholders. The number of votes cast for the amendment(s) afficient for approval.	
☐ The amendment(s) was/were ap must be separately provided for	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes case	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were ad action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were ad action was not required.	opted by the incorporators without shareholder action and shareholder	
	BER 1, 2016	
Dated	MINMEN	
Signature(By-a (likector, president or other officer – if directors or officers have not been	
. selecte	ed, by an incorporator - if in the hands of a receiver, trustee, or other court	
appoir	ated fiduciary by that fiduciary)	
	SCOTT D. MCKIE	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	