P14000053484

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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: D. AND A. SHOPPE, INC. DOCUMENT NUMBER: P14000053684 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: PETER P. PARISI CPA Name of Contact Person Firm/ Company 4045 N.W. 16TH, STREET SUITE 111 Address FT. LAUDERDALE, FLORIDA 33313 City/ State and Zip Code PPARISI666@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (954) 816-0739

Area Code & Daytime Telephone Number PETER P. PARISI CPA Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee ■\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (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 Amendment to Articles of Incorporation of

D. AND A. SHOPPE, INC.			_
(Name of Corporation as current) P1400053684	ly filed with the Florida Dept. o	<u>f State</u>)	
	r of Corporation (if known)		_
Pursuant to the provisions of section 607.1006, Flo its Articles of Incorporation:	orida Statutes, this <i>Florida Profit</i>	Corporation adopts the following	ng amendment(s) to
A. If amending name, enter the new name of the	e corporation:		
			The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "C word "chartered," "professional association," or	Corp," "Inc," or "Co". A profe.	" or "incorporated" or the ossional corporation name must	ibbreviation contain the
B. Enter new principal office address, if applica (Principal office address MUST BE A STREET A			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX</u>)		14 OCT 21 F
D. If amending the registered agent and/or reginew registered agent and/or the new registered	red office address:		- 74 3: 58 - 14 3: 58
Name of New Registered Agent	, ,,, , _ ,,,,=,,,,		
	(Florida street address)		
New Registered Office Address:	(City)	, Florida(Zip Code)	·
	. ,	(Zip Code)	
New Registered Agent's Signature, if changing I hereby accept the appointment as registered agent	Registered Agent: nt. I am familiar with and accep	t the obligations of the position.	
Signature o	of New Registered Agent, if chang	ing	

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>	Name	<u>Addres</u> s
1) Change	Р	AVI RUIMY	8454 N.W. 27 TH. STREET
Add			HOLLYWOOD
Remove			FLORIDA 33024
2) Change	<u>P</u>	ADI NAGLI	700 S.W. 78TH. AVENUE
✓ Add			#1016
Remove			PLANTATION, FL 33324
3) Change			
Add			
4) Change			
Add			
Remove			
5) Change			_
Add			
Remove			
6) Change			
Add			
Remove			

samending or adding additional Arti- attach additional sheets, if necessary).	(Be specific)			
			<u></u>	
				_
				
	<u> </u>			
				
an amendment provides for an exch	ange, reclassific	ation, or cancell	ation o <u>f issue</u> d	sha <u>res,</u>
provisions for implementing the ame	ndment if not co	ntained in the a	mendment itsel	<u>f:</u>
(if not applicable, indicate N/A)				
	<u> </u>			
-				

The date of each amendment(s) ador	otion: 16TH DAY OF OCTOBER 2014	, if other than the
date this document was signed.		
Effective date if applicable:		_
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adopted by the shareholders was/were suffice.	ed by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	ved by the shareholders through voting groups. The following statement sch 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 adopte action was not required.	ed by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	ed by the incorporators without shareholder action and shareholder	
Dated_OCTOBE	R 16, 2014	
Signature	MANTE STATE OF THE	
(By a diff	ctor president or other efficer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court	
	fiduciary by that fiduciary)	
А	VI RUIMY	
_	(Typed or printed name of person signing)	•
S	TOCKHOLDER/ DIRECTOR	
	(Title of person signing)	-