# P15000015185

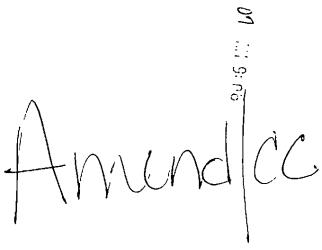
(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name	e)	
(Document Number)			
Certified Copies	_ Certificates o	of Status	
Special Instructions to I	Filing Officer:		
1			





600336466586

11/07/13--01008--005 \*\*45.75



DEC 0.7 2019

I ALBRITTON

### **COVER LETTER**

Division of Corporations
NAME OF CORPORATION: DISCOURT Store Fixtures of JA)
DOCUMENT NUMBER: <u>P15000015185</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GARY LAVEZZO
Discount Store Fixtures of JAX  Firm/Company
1819 IONIA St.
JACKSONUILLE, FL. 32206 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GARY LAVEZZO at 904 355-6440  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed)  \$43.75 Filing Fee & 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 Amendment**

to

	res of JAX
P 15000 0 15 185	ly filed with the Florida Dept. of State)
	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:	
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> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2232 GIEN GARDNER Dr. JACKSONVIlle, Fl. 32246
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address	<u>s:</u>
Name of New Registered Agent CARY LA	VEZZO
(Florida st	reet address)
New Registered Office Address:	(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.
ignature of New I	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, na	ame, 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.

Mike Jones, V as Remove	e, and Sal	lly 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	P	GARY LANEZZO 1819 IONI. JACKSONUIlle,	a S-
X Add		JACKSONVIlle	FI.
Remove		3220	
2) Change	D	Robert L. GAtes 1819 IONIA JACKSONVIlle,	<u>S</u>
Add			
_X Remove		32206	2_
3 ) Change			
Add			
Remove			
4) Change			
Add			<del></del>
Remove		<del></del>	
51 Change			<del>_</del>
Add			
Remove		<del></del>	<del></del>
6) Change		<u> </u>	
Add			<u> </u>
Remove			

If amending or adding additional Arti (Attach additional sheets, if necessary).	(Be specific)
<del></del>	<del></del>
· <del>-</del>	<del></del>
	<del></del>
	<del></del>
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of issued shares, and ment if not contained in the amendment itself:
	NA
184.00-200-00-00-00-00-00-00-00-00-00-00-00-	

The date of each amendment(s) adoption:	, if other than the
late this document was signed.	
Effective date <u>if applicable</u> :	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, the locument's effective date on the Department of State's records.	is date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendm by the shareholders was/were sufficient for approval.	ient(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following stamust 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 sharel action was not required.	nolder
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholde action was not required.	<b>:</b> r
Dated 11-5-2019	
Signature Lave 330	
(By a director) resident or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other	
appointed fiduciary by that fiduciary)	
(Typed or printed name of person signing)	
(Typed or printed name of person signing)	
President	
(Title of person signing)	